Lectures ON FIBROID TUMOURS OF THE UTERUS.

Delivered at the Hospital for Women, Soho-square,

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LECTURE II.

GENTLEMEN,—In my last lecture I considered some points connected with the general history of fibroid tumours of the uterus; their frequency, probable mode of origin, and their differential diagnosis with other pelvic swellings. I propose in the present lecture to direct your attention entirely to the question of treatment; and, naturally, this branch of the subject divides itself into two heads—namely, the medical, and the surgical, treatment. Before, however, I proceed to the consideration of this question, it may be well, I think, to pass briefly in review the changes which occasionally take place in these tumours. Some of these, undoubtedly, have a certain curative influence; and, as they are brought about by means entirely independent of the application of art, it would seem at first sight that the changes in question are in reality the result of Nature's effort to effect a cure. To a certain extent this is, perhaps, true; and hence it is that some of the medical or drug treatment of these diseases has been based upon these supposed natural methods of cure. How far these are likely to be successful I shall presently inquire; premising only now that, as it appears to me at least, there is a very wide difference between the several steps of a process which is brought about by the unaided efforts of nature with the means only at disposal which are already within the body of the patient, and the attempt to bring about that same process by the enforced introduction into the body of certain drugs which it is assumed are capable of effecting the change in question; although at the same time the only ground for this assumption is the fact that, after the change has been effected, products are found within the space sought to be acted upon—namely, the tumour—which bear a certain chemical resemblance to the drug which is recommended for administration. You will, of course, have guessed already that the natural curative process to which I am referring is that which goes by the name of calcareous degeneration—a condition which I will describe immediately; and the artificial substance alluded to, the exhibition of which it is thought is capable of bringing about the same condition, is the chloride of calcium, or some other of the salts of lime.

Now, you will remember that, in my last lecture, I insisted strongly upon the fact—for I believe it is a fact—that these tumours are of very inferior organisation, that they have a low degree of vitality, and that in all probability they result from some form of local and limited malnutrition, characterised by deficient formative power. I have already given you my reasons for this belief, and the facts upon which that inference is based. I told you, also, that this was no fanciful or useless speculation, but that it has a practical bearing on our medical, and, I might add also, on our surgical treatment of these growths. To this point I shall recur presently; but I allude to it now because it throws light upon some of those processes by means of which nature seems at times to render these tumours innocuous, and occasionally effects their partial or complete removal. The processes to which I refer are chiefly the following—namely: calcareous degeneration; suppuration; softening and disintegration, by sloughing or otherwise; and, lastly, absorption, aided probably by some process allied to that which takes place in the uterus after parturition.

The first of these processes is described by Sir James Paget as "a calcareous degeneration, consisting in an amorphous and disorderly deposit of the salts of lime and other bases, in combination with or in the place of the fibrous tissue." Now, that this process does occasionally take place there can, I think, be no doubt; it is, however, unfortunately, extremely rare, for in twenty-two cases of post-mortem examination that I have seen where the uterus was affected with fibroid disease, in but one of them had the tumour undergone this process, and that was a case of small subperitoneal fibroid which was almost entirely converted into a chalky mass of stony hardness. Curiously enough, I have seen this condition many times in the ovary, where the organ was large from some pre-existing disease, and where apparently abortive ovulation had occurred pretty frequently, the follicles being filled with cretaceous matter. The appearances presented by fibroid tumours which have undergone this form of degeneration vary greatly. In some, the tumour is encased with a kind of cretaceous shell; in others, portions only of the tumour are thus affected in different parts; in others, again, and those only which are very small, the entire tumour has become converted into a chalky mass. I do not know whether either, or if either which, of the three varieties of uterine fibroid—viz., the submucous, the interstitial, or the subperitoneal—is most liable to this condition. It is probable that it occurs in all of them. I have seen it in the subserous variety, and there are several cases on record where stones have been passed from the uterus, so that it certainly occurs with these two varieties—the subserous and submucous. The process in question appears to be precisely analogous to that which occurs in the case of atheromatous disease of arteries; and in both the use of the term ossification is altogether misapplied, because no true bone is ever found in such places.

The essential nature of this process of calcareous degeneration, and the several steps by which it is brought about, are little, if at all, understood. Some writers appear to think that an actual deposition of the calcareous matter takes place in or upon the substance of the tumour, and that atrophy results as a consequence of this. I venture to criticise this view, for I do not believe that it represents at all truly the process in question. On the contrary, I believe that, so far from its being the first, it is, in fact, the last step in the change, and that, instead of being a cause, it is, in truth, a consequence of the fibroid atrophy. The distinction is one of great importance, because upon it, in reality, depends, in all probability, the question of the efficacy of medication which is designed to bring about this result. Obviously, if the deposition of calcareous matter be the first in the order of sequence, and the atrophy of the tumour results directly from that, then of course the administration of the chloride of calcium or of any lime salt appears to have a reasonable basis, and ought to be much more largely employed. On the other hand, if calcareous degeneration be the result of atrophy of the tumour, then clearly it is useless to give these drugs, unless it can be proved that they have the power of causing such atrophy, and so of inducing indirectly the calcareous deposit. I am bound to express my belief that we have no such power at our command. I have administered for months—aye, years—the chloride of calcium in full doses, and I cannot say that I have seen the very smallest diminution in the size of the tumour. One effect I certainly have observed, at least as a sequence, if not as a consequence—viz., a very marked diminution in the amount of hæmorrhage, in cases where hæmorrhage had been excessive. For this result, however, it is very necessary that the drug should be given in full doses (forty to sixty minims) for a considerable time—extending, in fact, over many months. I know of one case where this effect was so marked that the patient began to experience uncomfortable head symptoms, apparently from the diminution of the menstrual discharge, and where by discontinuing the medicine the discharge was reestablished in all its former excess. Arrest of hæmorrhage, then, is the only advantage that I know of in the administration of the chloride of calcium.

Another degenerative process which these tumours occasionally undergo is that of suppuration. Here, again, the change in question is, like the one I have just considered, not a primary, but a secondary process, and results from some previous inflammation. Here is a specimen in which this change had occurred. There was nothing in the history of the case from which this tumour was taken that led me

to suspect such a condition; indeed, it was only after the operation, when I had removed the tumour by the écraseur, that I discovered, on making a section of it, that this abscess had formed. You will observe that there are several cavities in the tumour, all, however, communicating, and these when first seen were filled with thick creamy pus. As to the cause of such a condition—in regard, I mean, to the inflammation which precedes the suppuration—we know absolutely nothing. Whether or no the tumour can be inflamed without affecting the uterus, or whether the inflammation extends from the uterus to the tumour, these are points about which we are entirely ignorant. We know that inflammation and suppuration is not at all an infrequent occurrence in cystic ovarian disease, and in one instance I have seen this occur after the employment of the uterine sound for the purpose of diagnosis. If, then, this result can be brought about by so trivial a cause in the case of ovarian disease, may it not be the same with a uterine polypus? In any case, however, the point is not of much practical importance; because, in the first place, we have no absolute proof that this process has any curative influence; in the next place, it has not, so far as I know, been found in any uterine tumours except those which were distinctly polypoid, and these, as we know, are quite within our control; besides, if even it were certainly curative, and could be applied to other forms of uterine fibroid, we yet know of no method by which it can with safety be brought about.

A third change which occasionally affects these tumours is a peculiar softening, which has been variously described by different authors. Some have designated it as a kind of fatty degeneration, and, regarding the tumour as made up chiefly of muscular elements, they have described this process as one analogous in all respects to that which occurs in the case of the gravid uterus after parturition. Hence, Klob says: "In fatty degeneration, chiefly the muscular portions of the tumour are affected, and we often find them transformed into fatty granular cells." Besides this, he says, "fat is always found in large or small drops, and the cells of the connective tissue undergo a similar metamorphosis." Now, with all due respect to so great an authority, I venture to question this statement; and as it refers to a matter of fact which anyone who is at all accustomed to microscopic observation can test for himself, I am prepared to state that, so far from it being of frequent occurrence, I am convinced that it is extremely rare; for of the numerous specimens which I have examined I have never once met with any indications of the process in question. I have never seen a single muscular fibre in the state here described, nor have I ever seen the oily drops spoken of as present in the connective tissue. The parallel sought to be established between this alleged metamorphosis and that which occurs in the muscular fibres of the uterus after parturition is, I think, wholly out of place, and based upon an erroneous assumption, because the tissues in the two cases have little or no resemblance to one another, as you may see by examining the microscopic specimens on the table. One shows the large muscular fibres of the parturient uterus; the other the exceedingly minute fibres of one of these tumours. The prominent characters visible to the naked eye and touch which Klob gives as indicative of this supposed fatty degeneration are, in reality, indications of a totally different kind. He says: "The external appearance of a fibroid tumour undergoing fatty degeneration is altered; it becomes flabby, doughy, and soft; pits on pressure, and is very friable; its colour changes to pale yellow or faded brown; on section its structure appears uniform, it having lost its fibrous character."

Now, the condition here described is due, in my opinion, not to fatty degeneration of fibroid or muscular tissue, but to a peculiarity in the original constitution of the tumour. You may remember that in my last lecture I expressed my dissent from the view that these fibroid tumours are in all cases made up of elements identical with the normal tissues of the uterus. On the contrary, I affirmed that in numerous cases there is a very large proportion of cellular elements, with a very scanty supply of fibres, and I showed you microscopic evidence of this statement. I told you, further, that this variety of tumour is often softer than the others, and that they grow much more rapidly; in fact, you will find that the more quickly a uterine fibroid grows the more cellular, and the less fibrous, it will be on microscopic examination. I have observed also that this variety is peculiarly subject to certain fluctuations in size, and these changes are due, I believe, to a kind of œdematous infiltration, the result probably of inflammatory action, so that at one time a tumour of this sort will be considerably larger than at another, whereas the true fibroid tumour—I mean that which is composed mostly of fibrous elements, and has very little cellular structure—will scarcely ever vary either in its size or consistence. I am unable to give you any explanation of the fluctuations in question other than the one I have offered, but I am inclined to believe that they indicate a condition which is of happy augury for the patient. It is in this respect that the question is important from a practical or therapeutical point of view, because undoubtedly this temporary increase in the size of the tumour is entirely amenable to treatment, and not only so, but I am convinced that I have seen such tumours yield to surgical interference in a way that the true hard fibroid tumour never does. I mean that such a tumour, if seriously interfered with surgically in the manner to be described, will afterwards sometimes disintegrate and disappear. I have never seen the like result from the other variety. One of the most remarkable instances of this kind of action which I have met with occurred under my care about two years ago. The patient was twenty-six years of age, single, and had been suffering from an abdominal tumour for about two years. On examination, the abdomen was enlarged to at least the size of pregnancy at the seventh month; the top of the tumour reached to about an inch above the umbilicus; the uterine sound gave a measurement of five inches and a half, but it was evident that the tumour occupied the entire fundus uteri, and was attached also to at least half the body of the uterus. I determined to attempt the removal of the tumour; and, in accordance with the plan which I usually adopt in these cases, I divided the cervix freely on both sides. Subsequently I broke down the attachments of the tumour, and, finding that the tumour itself was soft and easily torn, I decided to break it up as much as I could. The result was a very free watery or mucous discharge, with some shreds of tissue, which continued for some weeks afterwards, accompanied by a remarkable diminution in the size of the tumour. On three separate occasions I repeated the operation, introducing the entire hand into the uterus, and breaking up with my fingers as much of the tumour as I could. The final upshot of this case was that, without any further operation, and aided by the occasional employment of the ergot of rye, the whole of this large tumour disappeared; and, what is more, I have seen this patient several times since, the last time being quite recently, and the uterus is exactly normal in size; there is, in fact, no return whatever of the disease, and the cure is complete.

There is yet one other change which I will briefly allude to as occurring sometimes in these tumours—viz., the formation of numerous cellular spaces in the substance of the growth. Here is a specimen of the kind to which I allude, and you will see that it has quite a honeycomb appearance. I removed this from a patient by a process of partial enucleation, for the tumour was of the submucous variety, and had to be detached a good deal from its bed before the wire of the écraseur could be applied. I have also a microscopic specimen of this tumour, from which you will see that it is made up very largely of the cellular elements, and, except in some places, corresponding perhaps to the dissepiments between the cavities or cysts, there are comparatively very few fibrous elements. Here again, then, I think, is an illustration of a process tending possibly to disintegration, and occurring in a tumour in which the cellular element largely preponderated. I have met with no similar instance in the hard fibroid form of growth, where comparatively few cell structures exist. It is not unlikely, I think, that in the larger developments of this variety we have what is known by the term "fibro-cystic disease."

Into the question of the transformation of these uterine fibroids from what they are to cancerous growths, I have no time now to enter, nor, indeed, does it come exactly within the range of my subject. I will only say that I have certainly never met with any instance leading to the belief that such a change is possible. Still I do not deny that it may be so, though I am disposed rather to think that in the few very rare cases where the fact has been affirmed the true explanation is to be found in the simultaneous occurrence of the two diseases, and possibly the actual growth of

the cancer upon the fibroid tumour; for there is nothing impossible, or even improbable that I know of, in one such growth fastening upon another.

So much, then, for the changes incident to these tumours; they are, no doubt, all of them more or less of a degenerative kind, and some of them certainly have a curative tendency, though it is more than doubtful whether art can in any way initiate, or even favour, the processes in question. Let us now see what art can do and what it cannot; for it is quite as useful to know what to avoid on the ground of incompetence as it is to know what to undertake with a fair hope of success. There is, in truth, no folly greater than to attempt the impossible, and no worse treatment of conscience and of character than the habitual practice of unreality—the pretending to do what in our heart of hearts we know we cannot do. I fear there is not a little of this deception habitually fostered by the useless administration of drugs for a purpose which we must know to be utterly impossible of attainment. That there is ample scope for the employment of drugs in the treatment of these fibroid tumours I am well assured by abundant experience; but I am none the less firmly convinced that to persuade women for months and years to swallow gallons of medicine, mostly of a depressing and debilitating kind, and to irritate themselves with so-called absorbent ointments and embrocations, in the vain hope that we can thereby bring about the absorption and removal of a hard fibroid tumour the size of an adult head, or even of a walnut, in an organ deeply seated, and having no anatomical or physiological relation to the part we irritate, is not only unscientific, but it is unreal and dishonest. I would only repeat what I said on this subject several years ago—viz., that if we bear in mind the histological elements of which these tumours are composed, and the anatomical relations of the tumour itself to the part where the inunction is applied, we must at once recognise the absurdity of the treatment, and wonder how it could ever have been proposed, though that is far less difficult to understand than that in our day, with all our advance in pathology and therapeutics, it should still be practised as diligently as if success had been a uniform result. I have seen this treatment perseveringly adopted for many years; but I cannot say that I have ever traced the smallest benefit to it, and I have certainly never seen a tumour appreciably reduced by it. I do not believe that the current practice of giving preparations of iodine, bromine, and chlorine, in combination with iron, mercury, potassium, or calcium has anything more than custom in its favour, or can boast of such success as to warrant its continuance. If these drugs had the virtue which is imputed to them, we should expect to see it exercised, not occasionally and with extreme rarity, but, if not very frequently, at least in a fair proportion of cases; for it is unreasonable to suppose that a remedy which must act, if at all, in a definite and intelligible manner, should exercise its influence only once in hundreds or thousands of cases.

There is no doubt that of late years our knowledge of the action of many drugs has greatly increased; and the clearer our insight becomes, the more completely does it dispose of the false reputation which has been dishonestly acquired by the remedies usually given in these cases. Take for instance bromide of potassium. All our positive knowledge of the clinical and therapeutical value of this drug points to its action directly upon the nervous system; how, then, can it be expected to exercise the smallest influence in promoting the disintegration and absorption of a solid tumour? Its well-known influence in certain diseased conditions of the ovaries, or at least in disordered ovarian function, is, in my judgment, traceable directly to its effect upon the nervous system, and possibly upon the generative nervous system in particular. Its value in certain convulsive diseases, the relation of these to the cerebellum, and of the latter to the sexual system, throw, I think, great light upon its therapeutic properties in certain disorders of menstruation; but they certainly lend no countenance whatever to the idea that two or three grains taken three times a day can promote the absorption of a uterine fibroid. Take again the case of mercury, which is believed by some—I must confess I am not of the number—to have the power of promoting the absorption of inflammatory products; what relation is there between this reputed property and the alleged power of absorbing the organised constituents of a solid fibroid tumour? I have used perseveringly the chlorides, iodides, and bromides of mercury, even to the maintenance of slight salivation, kept up for some time; but I must frankly own that, beyond the mischief to the patient's constitutional powers which they are well capable of effecting, I have not observed any result, and most certainly I have never seen the very smallest diminution in the size of the growth for whose removal it was given. In iodide of potassium and iodide of iron I have just as little belief for the purpose in question. Their value in certain glandular enlargements which are chiefly or entirely of an inflammatory kind, and in the inflammatory syphilitic affections, is undoubted; but there is a very wide difference between all these and the diseases we are considering; and while I have seen abundant evidence of the one, the other has never come within my observation, albeit I have been only too ready to see it.

There is just one other drug to which I must allude, because it, perhaps more than any other, has gained great, but I believe most undeserved, reputation for promoting the destruction and decay of these tumours—I mean the chloride of calcium (not the chlorinated lime). Now, there are two views put forward by different observers in regard to the supposed powers of this drug. Dr. M'Clintock, than whom there is no more competent or careful observer, has recorded one case in which this drug was given perseveringly for two years, with the result that a tumour or swelling the size of an orange above the pubes, and situate in the central hypogastric region, entirely disappeared, and menorrhagia, which had existed for some months, ceased. I gather from the record of this case that Dr. M'Clintock believes in the absorptive power of the drug in question; he does not appear to favour the other view which has been put forward—namely, that because fibroid tumours are found occasionally to undergo a process of calcareous degeneration, as it is called, therefore to give the chloride of calcium is the best and most efficient mode of promoting such a result. I must confess that such an hypothesis seems to me to savour rather of the ludicrous, and is about as scientific as the notion that rickets in children is best treated by the administration of lime water! Such purely chemical views take no account whatever of the vital processes, and seem to regard the human body as a kind of chemical laboratory, where inorganic compounds can be precipitated in any part or organ we wish. There is nothing to prove that those persons whose tumours do *not* undergo calcareous degeneration have less lime in their composition than they have who are in this respect more fortunate, and if even we could prove this we should still be far from certain that the exhibition of this drug could favour its deposition in the particular place we wish. The same observation applies with equal force to the case of rickets; the injection of any quantity of lime into a rickety child will do nothing to remedy the defect by reason of which the process of ossification is arrested; it is not the chemical ingredient but the vital act that is wanting in the latter case, just as it is not the calcium, but the death, decay, and absorption of the fibroid, which leads to the process of calcification, that is deficient in the former. I believe that the whole of this hypothesis is founded in error, and that where we find this calcareous degeneration has occurred, the deposit of lime has been left only as a residuum after the absorption of the tumour, and not that the tumour has been starved out as it were by the calcareous deposition. Of course it is not possible to prove this, but neither can the converse be demonstrated; and at least we know that in other cases, as, for instance, in old abscesses, say of the ovary, where I have several times seen it, or in tubercle of the lung, the deposit of cretaceous matter is certainly not a cause but a consequence of the pre-existing curative action; therefore I hold it is more consonant with reason and experience to suppose the same in this case.

While, however, as I have said, I believe that drugs are utterly inert in promoting the removal of uterine fibroids, I, nevertheless, fully recognise their value in alleviating or removing the distressing symptoms which sometimes attend these growths, and here there is a very legitimate exercise for them. Sometimes these tumours, either in connexion with or apart from the uterus, become inflamed, and they may, as I have shown you, go on to suppuration; they swell up, soften, as if from a kind of œdematous infiltration, and become more than ordinarily painful to touch. Quite recently I had a case of this sort under my care. The patient had been treated mechanically for anteflexion—that is to

say, she had worn a pessary for the purpose of curing this supposed displacement. No relief, however, followed; on the contrary, the pain increased greatly. When I saw her the swelling in front of the cervix was excessively sensitive, and had a boggy, œdematous kind of feel. My suspicion that it was not anteflexion was first aroused by observing that the swelling was not entirely in front, but a little to the right of the cervix, and on passing the sound, which I did very gently, I found that it went in the normal direction, and left the tumour unaltered. The diagnosis being therefore clear, it was easy to understand that the severe pain and tenderness were due to the irritation and inflammation set up by the pressure of the pessary on the tumour. I at once ordered leeches, warm injections, and effervescing salines, followed afterwards by anodyne vaginal suppositories. The result was most satisfactory as regards the relief of pain and inflammation, and, what was especially noteworthy, the tumour rapidly and considerably decreased in size, no doubt by the removal of all inflammatory products, for the tumour at last became hard, and did not diminish beyond a certain point.

The treatment which I adopted in this case will be found, I think, generally successful in all cases where there is reason to suppose that inflammation of the tumour exists. This is not at all an uncommon occurrence, and the suffering is often very great. After the more acute symptoms have subsided and the tenderness is diminished, we shall find great benefit from the local application of iodine in promoting the absorption of the effused inflammatory products. This should be applied directly to the part itself, and we may do so either by freely painting the cervix with the linimentum iodi every other day, or by applying pledgets of iodised cotton wool after the manner suggested originally by Dr. Greenhalgh. Both these methods are very effective for the purpose in question; but, on the whole, I give the preference to the former, where the use of the speculum is not objected to, on the ground partly that patients generally prefer it to having a plug of cotton wool left in the vagina for twenty-four hours, and also because not unfrequently the vagina is irritated a good deal by contact with the iodised plug, which necessarily affects a much larger surface than when the paint is applied over the limited space of the cervix.

In regard to this local employment of iodine, I may say that I have on many occasions resorted to it for the purpose of securing, if possible, some absorption of the fibroid tumour itself; and, although I have absolutely no belief whatever in the value of iodine when applied with this view over the skin of the abdomen, and not very much faith in its efficacy as a local application directly to the uterus itself, yet in a few cases I certainly have observed some diminution in the size of the tumour, which appeared to me to be due to the treatment adopted. I think, too, that the efficacy of this method is greatly enhanced by the occasional application of a few leeches to the uterus itself. It has appeared to me that this treatment is more successful in some kinds of cases than others; and, in general, I should say that the smaller the tumour, the softer it is, and the nearer to the cervix, the more likely we are to be successful. I have noticed also that the subperitoneal varieties are far less amenable to this method than the interstitial; and of course it is only in these two varieties that we should think of adopting such treatment, the submucous and polypoid forms being reserved for the surgical treatment which I shall presently describe. It may be added that this iodine and depleting treatment is of no avail unless it be perseveringly continued for many months; if therefore the patient is not prepared to submit to this, it is useless beginning it. I seldom give any medicines internally, as I have no belief in them; they often do more harm than good to the general health, and it is quite enough to be obliged to give some drugs for the purpose of combating the more urgent or distressing symptoms. This brings me to the consideration of the palliative or symptomatic treatment.

(To be concluded.)

YELLOW FEVER is fast disappearing from Monte Video. Of a total of 400 cases (including, probably, a good deal of typhus), about 120 proved fatal. The population of Monte Video is a little over 120,000.

ON CARLSBAD AND ITS MINERAL SPRINGS IN RELATION TO AFFECTIONS OF THE LIVER.

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CARLSBAD, in its situation and surroundings, presents natural attractions which, independently of its celebrated springs, have contributed much to its high position as a watering-place. The town lies in a valley, at an elevation of more than 1100 feet above the sea, and is enclosed on all sides, except towards the north and west, by hills rising from six to nine hundred feet, and covered with various species of pine trees intermingled with beeches. The streets run along either side of the little river Tepl, which courses through the valley; and many of the houses, especially those occupied by visitors during the season, are scattered about at different heights, on the sides of the hills immediately overhanging the town. The valley is caused by a split in the great granite masses which prevail here, and the surface of the ground, with its solid substratum, becomes rapidly dry even after long-continued rains. The admission of currents of air by the opening to the north renders the climate rather uncertain, and is the cause of occasional rapid changes of temperature. Carlsbad is said never to have been visited by malignant epidemics, but its sanitary arrangements are scarcely such as to account for its immunity in this respect. There are numerous pleasant drives and walks in the vicinity of the town, and walks traverse in all directions the surrounding hills, the shade of the trees affording protection from the heat of the sun, which is at times intense in the summer months. The hills are very steep, and although the steepness is met in parts by the zig-zag arrangement of the walks, it requires a fair amount of vigour, and certainly a sound state of heart, to effect the ascent on foot. The distance of Carlsbad from England must be taken into consideration in proposing to send an invalid there. If the journey be performed rapidly by railroad in the heat of summer, it will be found a fatiguing one. Time should be taken over it, and in fine weather much of the distance can be traversed by water, and the unavoidable land journey from Mainz or Frankfort pleasantly broken by a day's rest at Kissingen, or, by another route, at the interesting old town of Nürnberg.

From every point about Carlsbad the little cloud of steam may be seen which marks the site of the celebrated Sprüdel spring. The place where the water is taken is a covered colonnade, at the end of which is a basin into which the water gushes up in a jerking, spasmodic manner, at a temperature which fills the end of the place with steam. In the river, by the side of a little bridge outside the colonnade, is another basin through which the spring rises. The water is drunk out of characteristically-shaped cups, holding somewhat over six ounces. Surrounding the basin are women, each with a pole having a receptacle at the end. Into this the cup is placed, and then inserted into the bubbling and apparently boiling water. The invalid has to wait until the water, which usually has a temperature of 165° F., has cooled somewhat before he can drink it, which he does walking up and down the colonnade, and then continues his walk for a quarter of an hour or more before he repeats the draught. From two or three to six or eight cups are taken. The patient then has some more promenading, and returns home to his breakfast, having performed the water-drinking part of the "cur," fasting, between the hours of five and eight in the morning. Some patients are ordered an additional cup or so in the afternoon part of the day. I have taken my description from what occurs at the Sprüdel, which, in a thermal point of view, may be regarded as the distinctive spring of Carlsbad; but the same process goes on at the other springs, especially at the Mühlbrunnen, which has a temperature only of 126° F., and, from agreeing better with the stomach, is prescribed for a large number of patients. In addition to the springs mentioned, there are the Schlossbrunn, the Marktbrunn, and several others which it is needless to enumerate.

The Sprüdel contains, in sixteen ounces, from eighteen to

twenty grains of sulphate of soda, about ten grains of carbonate of soda, some chloride of sodium, a little carbonate of lime, and carbonate of iron, and other ingredients in minute quantities. It is also charged with a certain amount of carbonic acid gas. Other springs contain the same ingredients in nearly the same proportion, the cooler springs being more highly impregnated with carbonic acid. The flavour of the warm waters is slightly saline and alkaline, and has been likened to that of weak chicken-broth. It is at first unpleasant to the palate, and the drinking is often attended with a sense of nausea; but use soon overcomes these objections. Patients at the commencement of the "cure" take but two or three cups, and gradually increase the quantity according to the directions of the local physician.

What should we expect to be the therapeutical action of a water the principal ingredients of which are sulphate and carbonate of soda? Sulphate of soda alone, in common with other sulphates, would seem, according to the investigations of Buchheim, as cited by Sidney Ringer, to act by virtue of its power to retain in the intestine the water existing there. It does not appear to excite any flow from the blood, or stimulate the secretion of the intestinal glands; nor does the purgative action appear to be due in any material degree to stimulation of the peristaltic action of the intestines, as it is unattended by pain and griping. Retaining the water in which it is dissolved, and that which it meets with in the intestines, Glauber's salt has for its effect to loosen and soften and carry down dried fæcal masses, tenacious mucus, bile, &c. The alkaline carbonate would act by neutralising free acids in the alimentary canal, by exciting the secretions of the intestinal glands; and it would also assist in determining the diuretic action of the water. But the mode of action of the principal ingredients will not altogether explain the effect produced by the continued imbibition of a mineral water into the composition of which many ingredients enter, and are happily blended in nature's own fashion.

What is the practical result of drinking the Carlsbad waters? They do not produce such rapid action or such fluid stools as Püllna and other waters in which sulphate of magnesia forms a prominent ingredient. They, however, even when first taken, and in moderate quantity, usually induce an effective emptying of the bowels, causing pulpy, slimy stools, of dark colour and offensive odour. The stools are generally frequently repeated, and the patient is astonished at the quantity that sometimes comes away. The action is, as a rule, perfectly easy. When the waters have been persevered in for some time, or taken in undue quantity, teasing watery stools may result, and then moderation in, or temporary abstinence from, the drinking is indicated. The waters vary in their effect with different people. Much purging is not always essential; and, indeed, as Dr. Hlawacek happily remarks, whoever requires merely this result need not travel several hundred miles to Carlsbad for the purpose. In many persons no very evident symptoms beyond the purgative action attend the drinking of the waters. Others, however, suffer from disturbance of the nervous system or circulation, and other functional derangements. But when the waters act favourably such derangements pass off, and the ultimate effect is improvement of appetite, loss of superfluous fat, free unloading of the abdominal viscera, and, as a consequence, a sense of lightness and buoyancy, and increased tone of system generally. In some cases, what certain writers speak of as a crisis occurs in the course of the "cure," such crisis consisting in the disturbances and derangements just alluded to. Dr. James Johnson, however, well remarks that the so-called crisis or spa-fever is merely "an act of salutary rebellion on the part of Nature against the injudicious employment of the waters."

(To be continued.)

ANTINEURALGIC SNUFF.—The "Rivista Clinica di Bologna" mentions an antineuralgic snuff prescribed with success in cases of facial neuralgia, by Dr. Scriffignano. The base of the snuff is quinine, and its composition as follows:—Citrate of quinine, ten grains, very strong; exciting snuff (tobacco), fifteen grains. The medicament is said to act almost directly on the diseased nerve through the ethmoidal thread of the nasal ramus of Willis's ophthalmic, a branch of the fifth pair.

DESCRIPTION OF A GROOVED CATHETER WITH CONDUCTING BOUGIE, WITH REMARKS ON ITS VALUE.

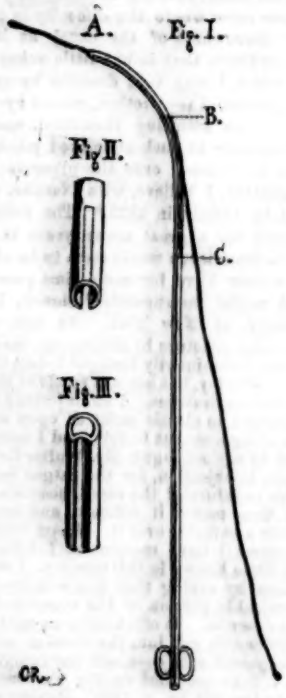
BY W. F. TEEVAN, B.A., F.R.C.S.,
SURGEON TO THE WEST LONDON HOSPITAL, SURGEON TO ST. PETER'S HOSPITAL, LATE LECTURER ON ANATOMY AT THE WESTMINSTER HOSPITAL.

THE instrument I am about to describe is one of the most useful for the treatment of impassable stricture, retention of urine from stricture, and for effecting an entry into the bladder in those cases where the difficulty is caused not so much by the narrowness of the canal as its deformity (Delpech), a condition that is but little recognised in this country, and which I may best describe by saying that it means a crookedness of the urethra, caused by constrictions and the dilatations resulting therefrom, and necessarily occurring posteriorly to such strictured points. The idea of sliding one instrument over the other is by no means new, and originated, I believe, with Nauche, in 1816, and was employed by Civiale in 1823.* The method has also been well known for a great many years to M. Auguste Mercier.† The Americans would seem to be ahead of us on this point, for they have for some time possessed a most beautiful and useful instrument, designed, I believe, by Professor Gouley, of New York. In this country the method of treating stricture by sliding one instrument over another has been prominently brought before the profession by Mr. Thomas Wakley, but has not received that attention which its usefulness deserves. I am informed that the late Mr. Solly employed an elastic catheter open at both ends, which he slid along a catgut bougie, and I have lately seen this plan tried by my colleague, Mr. Walter Coulson; but I consider it open to objection, for the catgut bougie is soon affected by the moisture of the canal, becomes twisted and knotted, and thus makes it difficult, and sometimes impossible, to slide a catheter over it. Apart from the gentlemen whose names I have mentioned, I believe that the method is but little known in this country. I would premise my observations by saying that the whalebone bougie is really the invaluable portion of the compound instrument I am about to describe. It often happens that no silver or elastic catheter can be got into the bladder, and yet a fine bougie may be passed with ease, and the retention relieved. Such a case I have recorded in the Transactions of the Clinical Society (see vol. iv., p. 124). Having succeeded in getting such an instrument into the bladder, there are often reasons which make it desirable or necessary that we should pass another kind of instrument, either for operation or dilatation, and it therefore becomes of the highest importance to utilise the bougie that has been passed into the bladder, and this is best done by retaining it *in situ* till we have been enabled to slide a larger instrument over it. I would, indeed, go further, and say that in some cases a fine bougie is the only instrument which can be got into the bladder, and that unless it is utilised we cannot proceed with the treatment of the case. Again, there are cases, complicated with false passages, where no instrument can be introduced except a bougie with some peculiar twist, and where our only chance of progress lies in enlarging the canal by sliding one instrument over another.

The instrument I am in the habit of using differs in some respects from Professor Gouley's, and is, I think, superior to it. I will first describe it, and then show the differences between the two. The conducting bougie is made of whalebone, and is excessively fine, having each end olive-shaped, which prevents the instrument from pricking the mucous membrane or lodging in the lacunæ. The material of which the bougie is composed imparts great elasticity combined with firmness, and thus admirably fits it for getting through very indurated strictures where the entrance is often reduced to a pin's point. Care ought to be taken that the bougie is at least two inches longer than the catheter, other-

* See Traité des Maladies des Voies Urinaires, par le Dr. Phillippe, p. 435.
† See his Recherches sur le Traitement des Maladies des Organes Urinaires, 1856, p. 165.

wise the former may recede insensibly from the bladder as it is held forcibly between the thumb and forefinger of the left hand to resist the tendency which the catheter has to carry the bougie with it as it is sliding over it into the bladder. The catheter is about the size of a No. 1 English, and its end is cut off to permit the bougie to enter the canal at A (Fig. 1) and emerge at B through the slit extending from B to C, which serves as a groove for subcutaneous or external urethrotomy. Fig. 2 shows that the groove is made by cutting out a longitudinal piece of the catheter. Urine will not escape through it, for the mucous membrane is tightly stretched across it, and so completely closes the groove.



The three differences between Professor Gouley's instrument and the one I have described are:—1. Mine is much smaller. 2. The groove is made by cutting a piece out of the catheter, but in Professor Gouley's it is made by driving in the wall of the catheter, and thus necessarily diminishing the calibre of the canal. (See Fig. 3.) This explains how it is that a smaller instrument can be constructed after my plan than Professor Gouley's. 3. The illustration shows that the bougie in my instrument is contained for about one inch and a half in the canal from A to B, but in Professor Gouley's it is only passed through a little bridge at the end, not more than one-eighth of an inch broad, and is thus far more likely to become entwined round the catheter than when it passes through a considerable portion of the instrument. Any surgeon can have one of his small catheters converted into the one I have described for an insignificant sum, and so be spared the expense of buying a new instrument. In introducing the bougie into the bladder, it is well to rotate the instrument as we proceed, for by that procedure we avoid all chance of slipping into the lacunæ on the way. It sometimes happens that, although we can pass the bougie through the stricture, we are unable to make the catheter pass along it, on account of the narrowness of the strictured part. In such a case it is well to leave the bougie in the bladder for several hours, and then try again. The compound instrument I have described will be found most useful, (1) for the relief of retention; (2) for the purposes of dilating the stricture; (3) for external urethrotomy; and lastly, for subcutaneous urethrotomy.

Portman-square.

ENLARGEMENT OF THE SPLEEN FROM RICKETS SIMULATING MALIGNANT DISEASE OF THE KIDNEY.*

BY C. CURRIE RITCHIE, M.D.,
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HARRY F——, aged two years and a half, was brought to me on the 28th November, 1872, suffering from abdominal tumour. He was the only child of healthy parents, but his father's brother was said to have died of cancer of the liver. At the age of fourteen months a swelling "as hard as a board" was detected in the left side of the abdomen, which was tumid all over. This tumour gradually enlarged, and the child became atrophic; his appetite, however, continued ravenous until about a week prior to my seeing him. The bowels were usually relieved once every two or three days. The urine had been scanty for many months, but two days ago he passed "about a pint." Since then he has only passed water once, and it seemed to his mother to contain blood. He has had a good deal of pain in the abdomen, and has suffered from great thirst.

On examination, the child was extremely emaciated and cachectic, his complexion being greenish-yellow, and his face greatly pinched and wrinkled. His aspect was indicative of great suffering. There was marked beading of the ribs, and a slight degree of "pigeon-breast"; anterior fontanelle not entirely closed; no other indication of rickets; no œdema anywhere. The abdomen was much enlarged, especially on the left side; veins of abdominal wall also enlarged and tortuous, chiefly on the left side. A solid tumour, somewhat globular in shape, uniform on the surface, and with a diameter of 5¼ in. by 4½ in., could be distinctly felt occupying the left hypochondriac, the umbilical, and left iliac regions. It did not move with respiration or palpation; but during deep respiration the hand could feel its *distinctly-rounded edge* in front. The area of the tumour was absolutely dull on percussion, and there was impaired percussion all over the left side of the abdomen. The hepatic dulness extended about two inches below the costal margin. The front of the chest alone was examined; nothing abnormal detected. He passed about an ounce of urine soon after I examined him; it was of a dull-red colour, acid, and albuminous to the extent of about one-third. On standing, it deposited a quantity of minute blood-clots; and, on microscopical examination, numerous blood-corpuscles were observed. No casts could be detected. There was also blood diffused through the urine. The child gradually sank, and died next morning.

It was not till the fourth day after death that I got permission to open the abdomen only. I then found that the tumour which occupied the situation above described was formed by a greatly enlarged spleen of firm and dense consistence, and of a deep purple-red colour. On section, small dots or specks of a pale buff colour were seen surrounded by this purplish substance. Under the circumstances in which the autopsy was made the organs could not be weighed, but the spleen seemed to be nearly a pound in weight. A section was secured for microscopical examination, which showed that the specks of lighter colour were due to enlarged Malpighian corpuscles; that the trabeculæ were swollen in an irregular manner, in consequence of which the interspaces were much smaller than natural; the cellular and corpuscular elements seemed increased, and were closely packed in the areolæ. The larger fibrous septa appeared to be normal, with the exception of their being widely separated by the increased bulk of the trabecular and proper spleen structure. On being treated with iodine, no reaction was obtained, like that which occurs in lardaceous organs. The liver was larger than natural, but the enlargement was not proportionate to that of the spleen. It was smooth, somewhat dense, and rather pale in colour, containing little blood. Microscopic examination showed increased development of the portal fibrous tissue. The kidneys were smooth and pale, but smaller than natural; otherwise they seemed perfectly healthy. The thorax was opened from the

* Communicated to the Manchester Medical Society.

abdominal cavity; but with the exception of some congestion of the bases of both lungs, the organs seemed perfectly normal.

This case is interesting from its bearing on the diagnosis of abdominal tumours.

The very exceptional position of the spleen, its apparent immobility, and the absence of the sharp edge in front with the characteristic notch in it so frequently observed in cases of enlarged spleen, seemed to exclude that organ from any connexion with the tumour; while the co-existence of hæmaturia with the characters just enumerated—viz., the position of the tumour in the hypochondriac, umbilical, and iliac regions, its immobility, and its rounded edge, appeared to implicate the kidney. The only link wanting seemed to be the presence of the colon in front of the tumour, which I think must have decided the question of its being a renal tumour. In some cases of undoubted renal tumour, however, this sign has been absent, probably from the intestine being firmly compressed between the tumour and the abdominal wall.

From the cancerous cachexia of the child (not the earthy complexion of rickets or the waxy look of splenic disease), and the history of cancer in the child's uncle, I was inclined to regard the case as most probably one of malignant disease of the kidney—an opinion which was shared by my friend Dr. Lloyd Roberts, to whom I had an opportunity of showing the case.

That the splenic tumour, as revealed by the autopsy, was of rachitic origin was demonstrated by the microscopic appearances already described. We are indebted to the important researches of Dr. Dickinson* for our knowledge of this subject. He pointed out the oneness of the changes in the viscera with those more familiar in the bones, and showed that they were due to an irregularity of growth, altering the natural proportions of the tissues. In the case of the spleen, the trabecular and corpuscular elements are chiefly increased. It is somewhat remarkable that, as a rule, rachitic visceral changes appear to interfere very little with the functions of the affected organs, and under favourable circumstances frequently yield readily to treatment.

TWO CASES OF FEMORAL ANEURISM.

UNDER THE CARE OF

STAFF-SURGEON J. ELLIOTT, R.N.,

At the Royal Marine Infirmary, Deal.

REPORTED BY

SURGEON H. C. WOODS, M.D., R.N.

(*Communicated by* THE DIRECTOR-GENERAL OF THE MEDICAL DEPARTMENT OF THE NAVY.)

CASE 1.—J. R——, aged thirty-two, a private in the Royal Marines, with eleven years' service, and of good general health with the exception of a bubo in the left groin from which he suffered in 1869, was admitted on the 3rd June, 1872. He was small-made and spare, with sallow complexion, black hair, and slight arcus senilis. On the 20th of May he noticed pulsation in the groin, and on the 27th, having to march fourteen miles on escort duty, was obliged to fall out from pain, which became severe and was reflected to the knee.

On examination an aneurism of the size of a walnut was found implicating the first portion of the left femoral artery, bounded by Poupart's ligament, and surrounded by indurated glands. Impulse readily arrested by pressure above the ligament. Posterior tibial faintly felt at the ankle; on the right side imperceptible. He was confined to bed, and intermitting pressure applied to the external iliac for quarter-hour periods by tourniquet and finger, at first twice, afterwards eight and ten times daily. Pain was complained of about the hip and knee, becoming severe soon after arresting circulation.

On June 21st and 22nd digital pressure on the external iliac was kept up continuously for forty-eight hours, chloral and opium being fully given. Severe cramp was experienced, and the pain of the pressure became unbearable. Though the utmost care was taken, circulation was often re-established on changing the finger; and the pulsation of the iliac was at times almost uncontrollable. The sac appeared slightly harder, but soon again increased. Acute flexion was next tried, as well as intermitting pressure.

From July 7th to Aug. 3rd iodide of potassium in twenty-grain doses, with tincture of digitalis, was given thrice daily, and then exchanged for citrate of iron and quinine.

On Aug. 20th, having been placed under chloroform by Dr. Woodman, of Deal, who kindly assisted, the external iliac was secured by the usual operation, and without trouble, by Staff-Surgeon Elliott, R.N. There was no hæmorrhage, and the artery appeared perfectly sound; the sac could be felt slightly underlying Poupart's ligament. A single carbolised catgut ligature, prepared by Messrs. Weiss after Lister's method (the largest size in the bottle supplied by them), was made use of, tied until *pulsation was perfectly arrested in the sac*, trebly knotted, and the ends cut short off. Carbolic lotion and spray (1 to 40) were freely used, silver-wire sutures inserted, and the wound dressed with a couple of broad straps, carbolic-oil pad, oil silk, and flannel roller. The temperature of the limb, which was swathed in cotton wool and surrounded by hot bottles, continued perfect, and slight aching pain only was experienced. Eructation and tympanites were the sole unpleasant after-symptoms. Opium was freely given. On the 23rd the dressings were removed in consequence of an erysipelatous blush appearing; they were scarcely stained, and the wound seemed to be uniting by first intention; free suppuration was, however, shortly established. On the 25th a very faint and uncertain pulsation was detected in the sac, which had previously appeared smaller and harder; on the 26th it was decidedly present; and on the 27th a bruit was heard. From this date the aneurism again steadily progressed. Pressure on the sac, first by an air pad, subsequently by bags of shot increased from 1 lb. to 12 lb., was tried, and, on the wound cicatrising, intermitting pressure on the iliac (external) and on the femoral below the sac with a Carte's tourniquet, which had been supplied. The distal pressure was badly borne and with difficulty maintained. Acute flexion, to the extent of producing swelling of the limb, was also resorted to.

On Nov. 26th, the sac being of the size of a duck's egg, he was again placed under chloroform by Dr. Woodman, and the external iliac secured by Staff-Surgeon Elliott. The operation was exceedingly difficult and tedious from the close matting together of muscles and peritoneum. The latter was twice cut into, the intestines and omentum immediately escaping; vomiting ensued and rendered the return and retention of the bowel troublesome; lint steeped in carbolic oil (1 to 40) was used to protect it. No trace of the catgut could be seen, and the artery appeared perfectly sound where exposed, which must have been close to the original seat of ligature. A double-twisted, well-carbolised, hempen ligature was used, tied firmly, and one end left hanging out of the wound, which was dressed as before. The primary incision was made in the line of the former cicatrix in the hope of preventing further weakening of the abdominal parietes, and very little blood was lost. There was afterwards frequent vomiting and hiccough, checked by ice. Opium was again freely given. On the 28th a faint pulsation was felt in the sac, which then consolidated. Free discharge was again set up. For a few days from the 19th December there was slight cellulo-cutaneous inflammation, attended by serious systemic disturbance with tendency to typhoid symptoms. On Jan. 4th the ligature separated, a bullet having been for a few hours attached, and the wound then closed, leaving, however, a thin broad cicatrix, with marked weakening of the abdominal wall and hernial tendency, the vermicular action of the intestines being clearly traceable. On the 13th he was allowed to sit up. On Feb. 21st faint pulsation and bruit were again detected in the sac, pulsation persisting till March 2nd. On the 2nd of April he was discharged to light duty, wearing a pad, the sac with the enlarged glands presenting an indurated mass in Scarpa's triangle.

This was probably a case of fusiform dilatation. The catgut ligature evidently became absorbed prematurely, permitting re-establishment of the circulation; but it is remarkable that there should have been no formation of clot in 120 hours. It is evidently advisable to draw the ligature sufficiently tight to cut the internal coats. In this

* Med.-Chir. Trans., vol. liii., 1869.

and the following case the advantage of previous pressure in preparing for the change in circulation was marked—the after-suffering from arterial enlargement being little or none, the temperature remaining perfect, and the appearance of the limb natural. In both cases intermittent pressure served only to *arrest* rapid development. Frequent thermometrical observations were taken, but are not quoted, the heat of the hot-water bottles really rendering them unreliable.

CASE 2.—J. M——, aged twenty-five, a Royal Marine recruit, and twenty weeks at the depôt, robust and in apparently rude health, brown hair and fresh complexion, with slight arous senilis, was admitted on Nov. 12th, complaining of numbness and pain in the left leg, present for seven days. He had been attending the gymnasium for nine weeks, but could remember no strain or injury. A left femoral aneurism of the size of a filbert was found immediately below Poupart's ligament and slightly underlying it. There was tenderness on pressure and occasional pain. Neither popliteal nor tibial could be felt, and on the right side were only faintly perceptible. He was confined to bed, and placed upon iodide of potassium and digitalis; intermitting pressure with a Carte's tourniquet applied on the external iliac and occasionally below the sac on the femoral, but found difficult to apply. At first there was numbness of the limb, with sharp pain, soon after putting on the pressure. By degrees the limb became accustomed to the pressure, and the periods were lengthened from ten minutes to half an hour, altogether making up five and six hours' daily pressure. Acute flexion, with a pad in the groin, was also fairly tried. Thrice—viz., on April 22nd, 23rd, and 28th,—with the aid of chloroform, persistent pressure was arranged, at first for an hour, afterwards for two and a half and three hours.

On May 13th, the sac being of the size of a small egg and increasing in an upward direction, it was determined once more to try the effect of continuous pressure, and the pad was screwed down firmly at 4 P.M. During the first hour five re-adjustments were necessary from increased force of circulation, the pain being then unbearable. Chloroform was given to slight anæsthesia. It was noteworthy that a bruit could be detected when no pulsation could be felt. Solution of morphia was also injected over the hip. At 7.30 P.M. the chloroform was discontinued, the pain being less severe; the tourniquet still required frequent adjustment. At 10 P.M. chloroform was resumed, the pain being again great, and at 10.45. Four minims of morphia solution were injected, when he experienced slight nausea, but at 11 P.M. fell asleep. At 1.15 A.M. of the 14th, on awaking, he complained of pain at the seat of pressure only and of nausea, mucous vomiting several times recurring in the night. From 1.30 A.M. till 7 A.M. there was no bruit or pulsation detectible, and no alteration was required in the tourniquet. On then removing the pressure impulse and bruit became evident, but slightly weaker, and so continued through the day. Tumefaction and ecchymosis were caused by the pad. On visiting him at 1.30 A.M. on the 15th all pulsation and bruit had ceased, nor have they reappeared, the sac becoming hard and smaller, slight pain being occasionally felt in the groin and about the hip.

The sac is now (June 4th) of the size of a walnut and firm, and the cure is complete. The sphygmograph in this case has given a perfectly normal trace.

POISONING BY HYOSCYAMUS.

BY EDMUND WHITE, L.R.C.P. ED.

M. E——, aged thirty-four, dressmaker, had, by mistake, been supplied by a chemist with an ounce and a half of tincture of hyoscyamus for a black draught, of which she swallowed eleven drachms. Her sister, who was with her, stated that on the previous night the patient had taken a blue pill, and in the morning, about 5 o'clock, took the supposed black draught. Ten minutes after taking the draught she had a hot, burning, pricking sensation in the hands, feet, and legs; became giddy and delirious, and had great dryness in the throat. Some time after, in attempting to get out of bed, she found her legs powerless. The body all over had a purplish rash, more particularly about the neck and face. The latter was "so swollen that she thought it would burst." This much alarmed her, and I was called in, four hours after the poison had been taken.

9 A.M.—Found patient almost insensible, unable to speak. On requesting her two or three times to put out her tongue, she at last did so, very slowly and with difficulty; it was swollen, brown, and very dry. The face was much swollen, scarlet, the colour more marked on left cheek, on which it persistently remained for four days, the rash gradually disappearing from other parts of the body on the second day. The pupils were so dilated that the iris appeared as a mere thread-like ring; skin hot and dry to touch; temperature not taken. The poison having been taken on an empty stomach, and four hours having elapsed, an emetic was not given. I therefore, with the idea of somewhat neutralising the poison, gave, mixed with milk, an ounce of tincture of galls, followed in two hours by an ounce of castor oil. There was no sickness; the bowels in three hours acted freely, and the water was freely passed; the fæces were copious, and of a very deep-golden colour, with a strong odour of the drug, which was not detectable in the urine. After this (1 P.M.) the patient seemed much relieved, was more conscious, was able to speak, but very indistinctly. In answer to questions put, she would say "yes" for "no," and *vice versâ*. Her vision was so affected that she could not, on my holding up three fingers, tell me how many I held up. All power of the lower extremities was now lost, and their sensibility diminished.

At 4 P.M. I saw her again. She was very delirious, face more swollen than when I first saw her; temperature 104°, pulse 126; sickness troublesome. Feeling satisfied that there could be none of the poison now in the stomach, I applied a mustard poultice to the epigastrium, and gave citrate of potash in the effervescing form. At 6 P.M. the sickness had subsided; condition otherwise much the same. Saw her again at 11 P.M., when I was told that she had just had a most violent fit of shivering. I found her much exhausted, body cold all over; temperature 97°, pulse 56; had had no sleep for eighteen hours. I gave her one drachm of solution of opium in three ounces of brandy with as much water. In half an hour warmth was considerably restored, and she had five hours' undisturbed sleep.

9 A.M. next day: Temperature 103°; pulse 120, small. Iris now half a line in breadth; could read time correctly by my watch. Articulation much more distinct. She said she could see all sorts of horrid things, particularly when the eyes were closed. Ordered beef-tea and brandy at frequent intervals.—Saw her again at 4 P.M.: Iris again retracted; could not read time by watch. She had several delusions, one of which was that she had no top to her head, neither could she be persuaded to feel with her hands whether such was the case or not. Continued the citrate of potash, adding carbonate of ammonia, in five-grain doses. Ordered strong tea as well as beef-tea.—11 P.M.: Seemed much better altogether. Temperature 100°; pulse 104, and increased in volume; pupils more contracted. Repeated the castor oil, adding spirit of nitrous ether (one drachm) and oil of juniper (six minims). This had a free effect upon the bowels and bladder.

From this time she steadily improved; but it was six days (from that of taking the poison) before she regained even a partial use of her legs, and could not then stand without being supported on both sides. She complained of having quite lost her memory; could not connect her ideas; and talked occasionally in a rambling manner. For the last three weeks she has been taking sulphate of quinine (one grain) and solution of strychnia (three minims) three times a day. She has regained nearly her original strength; has slept and eaten well; but has occasional weakness in her legs. What she most complains of is inability to remember, even for a minute, a single sentence or word she may read. Has now gone out of town.

The effect of henbane has often been underrated, chiefly, I believe, in consequence of the inferior quality of the herb and its preparations employed. The tincture taken in this instance was a fair specimen, as on comparing it with the tincture made from the *biennial* plant, Pharmacopœia strength, there was no very appreciable difference. I believe the *annual* plant to be comparatively inert, and know that for cheapness' sake (being about one-third the price of the biennial) it is commonly used.

Park-terrace, Regent's-park.

CONCERNING THE CLOSURE OF ABNORMAL ANUS.

BY JOHN DUNCAN,
ASSISTANT-SURGEON, ROYAL INFIRMARY, EDINBURGH.

THE treatment of artificial anus has at various times attracted considerable attention. Till a comparatively recent date its pathology was imperfectly understood; but the recognition of the septum as the main obstacle to closure and the methods for overcoming that obstacle adopted by Schmalkalden, Physick, and Dupuytren greatly elucidated the subject, and marked a very decided advance in principle and practice. Still, however, in a certain number of cases the destruction of the septum is not followed by obliteration of the abnormal orifice, and in these circumstances surgeons resort to plastic operations, of which the main characteristics are a bewildering variety and a great absence of success. I venture to add to the list yet another method, because I think it presents fewer chances of failure than any hitherto devised. It rarely falls to the lot of a surgeon to consider the treatment of a case to which such an operation may be applicable. I make no apology therefore for illustrating my proposal by a solitary example. It possesses at least the merit of completeness, and assuredly exhibits no undue haste on my part to anticipate the efforts of nature.

The patient was a domestic servant, aged forty-five, whom I was asked to see by Dr. Inglis in April, 1869. She had been ill for a week before sending for Dr. Inglis, and had supposed her illness to be a bilious attack, unconnected with the swelling in her left groin, as this had often previously come and gone without causing discomfort. I found it to be a femoral hernia already red, swollen, and emphysematous. An incision exposed a loop of the intestine gangrenous in its entire circumference, and rent on its convex surface. I divided the stricture and left the bowel *in situ*. The patient slowly recovered with an abnormal anus capable of admitting two fingers, and through which alone the fæces were discharged.

She was advised to await a possible natural contraction of the orifice, and I did not again see her till June, 1870. In the interval she had worn a truss, which, however, retained the fæces very imperfectly, and during the whole time there had been no passage by the rectum. The artificial anus had not diminished in size, and the septum was distinct and prominent. The orifice of the lower portion of the bowel had contracted somewhat, but was large enough to admit the little finger.

Instead of using the enterotome, I passed a double silver wire through the septum, about an inch and a half above its free margin. It was left loose for two days, and then one of the wires was gradually tightened, until on the eighth day it ulcerated its way out. The other wire had meanwhile, as I anticipated, become slightly imbedded by reunion of the deeper parts, and it now fulfilled the purpose for which it had been left, in being drawn out through the recent adhesions. The same day fæces passed by the rectum, and after a week of considerable irritation, solid motions were regularly and naturally established. The patient was sent to the country, with instructions to remove the truss only for purposes of cleanliness.

I again saw her in December, 1871, and was disappointed to find that still no contraction of the orifice had taken place, although (the truss being regularly worn) all the fæces passed by the natural route. I repeated the former operation, including in the wire nearly an inch more of the contiguous walls of intestine. The condition of affairs was not thereby improved, and it was plain that the septum was no longer an impediment to closure. In April, 1872, I therefore performed the following operation.

Having thoroughly cleared out the bowel by purgative and enema, I dissected up the mucous membrane all round the abnormal orifice for more than half an inch, invaginated it, and sewed the raw surfaces together by six points of interrupted catgut suture, which were then cut short. I next pared freely the margin of the skin, and brought it together by means of silver wire.

During the after-treatment the parts were relaxed by keeping the thigh flexed. The diet was restricted to milk with lime-water. On the eighth day, finding the wound entirely united, I removed the stitches. A little froth issued from the small openings left by the removal of a corner stitch. These openings remained patent for some weeks, notwithstanding the use of the hot wire. Nothing but gas, however, escaped from them, and they ultimately soundly healed.

The patient remains in every respect perfectly well, and it is now a year since the closure was effected.

Such an operation is, of course, only possible when the artificial anus is of large size; but it is precisely in these cases that other methods are least successful. The advantages which I claim for it are, that it presents to the fæces the normal mucous surface of the bowel, that it diminishes the strain upon the stitches, and that it largely increases the depth of raw surface, by the adhesion of which the pressure from within is to be resisted. It seems to me theoretically sound, and in this case at least was practically successful.

Edinburgh.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

KING'S COLLEGE HOSPITAL.

THREE CASES OF ECTOPIA VESICÆ; OPERATION; RELIEF.

(Under the care of Mr. JOHN WOOD.)

SUCCESSFUL operations for the remedy of extroversion of the bladder are of comparatively recent date, although numerous attempts had been made to relieve by surgical interference the distressing effects of this malformation. Dr. Daniel Aynes, of Brooklyn, U.S., appears to have been the first to succeed in covering the bladder with integument borrowed from the abdomen; but it is to Mr. John Wood and Mr. Timothy Holmes that we are chiefly indebted for the elaboration of an operation which has conferred such material benefit on these sufferers.

The notes of the following cases are supplied by Mr. Wm. Rose, surgical registrar.

CASE 1.—George E——, aged seventeen, was admitted on March 6th, 1872, with ectopia vesicæ, and wide separation of the pubes. The patient's sister had a similar malformation, but died when fourteen days old.

On March 16th Mr. Wood performed his usual primary operation, which is fully described in Case 2. The case did not progress satisfactorily; and on the 23rd the lateral flaps were found in a sloughing condition. Two pins were used to unite these flaps; but, in spite of every effort to keep them together, they contracted, and left a large granulating interval.

On the 27th of April the secondary operation was performed, but again sloughing took place in the upper part of the scrotal flap, leaving an opening through which urine passed. After a futile effort to close this opening, the patient was on July 15th sent into the country to recruit his health.

On Nov. 8th the patient was readmitted. There were firm healthy cicatrices at the site of the former operations, but the opening at the upper and left angle still remained, through which urine dribbled, though the greater portion passed through the ordinary way. While in the country the patient passed a uric-acid calculus the size of a pea.

Nov. 13th.—Two flaps were made, one from the newly-formed prepuce (originally scrotum), and another, from above the fistulous opening, was turned down and covered by the former, the two raw surfaces being apposed. The two flaps partially united, but a small quantity of urine still oozed through.

Jan. 15th, 1873.—A small aperture remaining, two more flaps of adjacent integument were dissected up and closed over it.

22nd.—Erysipelatous inflammation had set in about the

wound, which was dressed with collodion and oil and carbolic acid. After free evacuation of the bowels, the patient was ordered to take fifteen drops of the tincture of perchloride of iron three times a day.

Feb. 5th.—Erysipelas has disappeared; the wound looks healthy, and shows every sign of granulating up.

CASE 2.—Frederick R——, aged twelve, admitted on the 3rd of October, 1872. Both testicles were present, and the penis, as is usual in these cases, was split superiorly, forming a groove, which led up to the red projecting posterior wall of the bladder, on which could be seen the openings of the ureters. No navel could be seen, and the symphysis pubis was absent.

Oct. 12th.—The patient being under the influence of chloroform, Mr. Wood performed the usual primary operation, which is fully detailed in the Medico-Chirurgical Transactions for 1869 (vol. lii., pp. 85, 131). Three flaps were made, one upper and two lateral, the upper flap being dissected down and laid over the extroverted bladder, and fixed with the epidermic surface inwards; while the lateral flaps, which were so arranged that their broad pedicles contained the superficial arteries of the groin, were brought together by sutures in the mesial line, after having been twisted so that the raw surfaces were applied to the raw surface of the upper flap. The whole was then fixed with sutures and hare-lip pins, and covered with collodion and water dressing. The wounds caused by the removal of the flaps were next closed by hare-lip pins, and the patient placed in bed, with the body semi-erect, the knees drawn up, and the penis depressed and fixed to the scrotum by means of a suture, to allow of the ready exit of the urine.

30th.—The flaps have united tolerably well, but the bladder projects about one-fourth as much as before the operation. Free escape of urine.

Nov. 16th.—The second part of the operation was performed to-day. Firstly, two lateral flaps, one on either side of the opening, were dissected up from the skin flaps placed there by the previous operation, and secured in the middle line by sutures. Next the skin of the anterior part of the scrotum was dissected, and drawn up over the penis like a hood, and fixed with iron sutures in such a manner that its raw surface came in close contact with the bare surface of the above-mentioned flaps. Lastly, the skin of the posterior part of the scrotum was made to cover the testicles by being drawn forwards and upwards, and fixed to the margin of an incision made round the root of the penis to secure the adjustment of the anterior scrotal flap. The patient was then placed in bed in the semi-erect position.

The progress of the case was most satisfactory, nearly the whole of the scrotal flap having united by first intention. But a small fistulous opening, through which urine occasionally oozed, being left at the upper part on the right side, a hot wire was passed through it on January 30th. The opening then healed, and the boy, having been fitted with an apparatus, left the hospital on Feb. 18th.

CASE 3.—George R——, aged nineteen, was admitted Dec. 16th, 1872. Both testicles were present, there being a bubonocele on the right side. There was no upper wall to the penis, and the groove in the upper surface led to the extroverted bladder, on which could be seen the openings of the ureters. There was no navel, and no symphysis pubis.

On Dec. 21st the usual primary operation was performed with good result, and on Feb. 22nd the second part of the operation was done; but about a quarter of an inch of the upper part of the scrotal flap subsequently sloughed, and left an opening through which urine dribbled. The opening gradually contracted, so that by March 6th it would barely admit No. 2 catheter.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.

DIPHTHERITIC CONJUNCTIVITIS; SLOUGHING OF THE CORNEÆ; RECOVERY.

(Under the care of Mr. STREATFEILD.)

ALTHOUGH the subjoined case, which we lately saw at this hospital, is designated one of diphtheritic conjunctivitis, it must not be forgotten that, in origin, course, termination, and probably also in nature, it is very different from what has been described by Graefe and other continental writers as diphtheritic conjunctivitis. The disease, as represented by the Germans, is very rare in England, few surgeons having had the opportunity of witnessing a case in this country, while the membranous or croupous variety has been known for many years, but is not common even in ophthalmic practice. The points of difference between the two are, that in the true diphtheritic form the affection of the conjunctiva is often epidemic and associated with fibrinous infiltration of other mucous membranes, and especially those of the air-passages; there is great pain, swelling, hardness, and heat of the eyelids; the conjunctiva is pale, non-vascular, and infiltrated for three or four days; then parenchymatous suppuration, with exfoliation of the exudation or removal by disintegration, takes place; and, finally, cicatrisation of the conjunctiva, followed by curving in of the tarsal cartilage and all its evil effects, results. The cornea is extensively implicated at an early stage, and by speedily giving way produces permanent destruction of the globe. On the other hand, the membranous variety is merely a stage in certain cases of ordinary purulent ophthalmia, especially in newly-born infants, in which, be it observed, true diphtheritic conjunctivitis is said never to occur; the conjunctiva under the pellicle is swollen, red, very vascular, and easily bleeds when the membrane is removed, and the epithelial layer is not destroyed; the cornea is not so readily or seriously affected; and cicatrisation, except in so far as it may have been produced by caustics, does not follow. The fact that the disease in a particular case began by a purulent discharge is no proof that the disease is not of the genuine diphtheritic variety, for inoculation with the pus from a case of ordinary purulent conjunctivitis is sufficient in some subjects to set up true diphtheria. But, apart from these considerations, the following case is one of interest, inasmuch as the corneæ were so extensively affected when first seen that all hope of saving them was despaired of. Fortunately, however, in the course of a month they had almost entirely cleared up, only a faint opacity remaining in the right cornea. This favourable result was no doubt in great measure owing to the activity of the nutritive processes in the young child, but in no small degree to the efficiency of the treatment.

A baby three weeks old was brought on April 7th, 1873, to the out-patient department with discharge from both eyes and considerable swelling of the lids. The discharge showed itself three days after birth, and had persisted in spite of treatment. On separating the swollen and œdematous lids there was seen on the centre of the right cornea a large patch of a yellowish colour, resembling an abscess, and a smaller patch on the left cornea. The palpebral conjunctiva on both sides was covered with a thick pellicle, which was removed without much difficulty, exposing a granular bleeding surface beneath. After removal of the false membrane, the conjunctivæ were painted with a solution of nitrate of silver, twenty grains to the ounce, which was repeated daily for seven days, and strong alum lotion was given to the mother to use every two hours.

On April 17th the conjunctivæ had not been painted for five days; cornea clearing; no recurrence of membrane.

On May 8th the left cornea was quite clear, and on the right the opacity was very small and faint.

LIVERPOOL ROYAL INFIRMARY.

REMOVAL OF LARGE FIBRO-CYSTIC TUMOUR OF LOWER JAW; RECOVERY.

(Under the care of Mr. REGINALD HARRISON.)

THE operation for the removal of a portion of the lower jaw was first done at the commencement of the present century by Mr. Anthony White. Since that time, however, it has received the sanction of the best surgeons, and is now recognised as a justifiable operation in certain cases. The operation is very successful; and although the falling-in of the remaining portion of the jaw may be considerable for some time after, yet in the course of a few months a firm fibrous tissue, which assumes the shape of the jaw itself, and affords a support to artificial teeth, is developed, so that very little deformity ultimately results.

The subject of the disease, a shoemaker, aged forty-two, was admitted into the infirmary with the following history:—Fourteen years ago he received a severe blow on the jaw with

a fist. In the course of six months a firm swelling, rapidly increasing in size, formed about the body of the jaw on the left side. This occasioned him considerable inconvenience, and caused him to apply for surgical relief. An incision was then made, and exit given, as the patient describes it, to blood and watery fluid. This appears to have afforded relief, and prevented at that time any further enlargement. Two years and a half ago the swelling reappeared at the part originally injured, and from this date the growth continued steadily to increase.

On admission to the infirmary there was found a firm tumour, of almost cartilaginous hardness, involving rather more than the left half of the lower jaw. The surface of the tumour was uneven, and fluctuation could be detected at two points. At the most prominent part the skin was red, adherent, and disposed to ulcerate. Within the mouth the jaw was found expanded, almost completely obliterating the floor of the cavity. The tongue was pushed backwards and upwards to the opposite side; articulation was, consequently, most indistinct. The tumour occupied the whole of the left side of the jaw, and slightly encroached upon the right side. The backward pressure of the tumour occasioned considerable inconvenience both in breathing and swallowing. The patient presented an anxious and worn appearance, but there was no condition or state of system which rendered him an unfavourable subject for undergoing an operation.

On April 4th, 1871, Mr. Harrison proceeded to operate. The surface of the tumour was exposed by two free incisions, meeting at a right angle over its most prominent part. The mouth was not opened into, the incisions being below it. The surface of the tumour being cleared, the jaw was sawn through on the right side, immediately behind the canine tooth. The mucous membrane and muscles were then divided, and an attempt was made to disarticulate. The jaw, however, gave way on the left side, immediately below the condyle, up to which point the tumour extended. The mass of the tumour having been removed, the condyle was seized with a pair of lion forceps and dissected out. Several large vessels were secured by catgut ligatures. A suspicious-looking spot above the left tonsil, where the pressure of the growth had produced ulceration, was touched with the actual cautery. The wounds in the skin were adjusted with silver-wire sutures.

On examination, the tumour presented the usual characters of a non-malignant fibro-cystic growth.

The patient made a rapid recovery, and was discharged on June 1st, 1871.

He is now in the enjoyment of excellent health; he carries on his business as a shoemaker, and experiences comparatively little inconvenience.

The appearance of the face has been much improved by the fitting on of a moulded support to the stump of the jaw. Mr. Quinty, of Liverpool, who was present at the operation, is endeavouring to adapt a plate which, to some extent, will supply the place of the jaw that has been lost. Whether this will permit of mastication being more completely performed is doubtful, but by preventing the falling in of the soft parts the appearance of the patient has been much improved by what has been done.

Reviews and Notices of Books.

Mechanism of the Ossicles of the Ear and Membrana Tympani. By H. HELMHOLTZ. Translated by A. H. BUCH and NORMAND SMITH, of New York. With 12 Illustrations. pp. 69. New York: Wood and Co. 1873.

THIS little work is a translation of a very valuable essay published by the great physicist of Berlin in the first volume of Pflüger's *Archiv für Physiologie* (1869), and which is thus rendered accessible to a wide circle of English readers. The problems involved in the conduction of sound through the middle ear are of the most complex and difficult nature, and many attempts have been made to give a rational explanation of the phenomena observed. Amongst the first of these were those by Johann Müller, who laid the foundation of a rational system of otiatrics. He, however, said little of the ossicula auditûs beyond stating that they transmitted the vibrations of the membrana tympani to the fluid of the labyrinth. Weber, Ruine, and others subsequently described minutely the alterations in relative position which they believed the bones to undergo. Helmholtz, however, maintains that in the conduction of sound the ossicles act very nearly like absolutely solid bodies; and in the same way the fluid of the labyrinth, being enclosed within solid walls, and its dimensions being at the same time infinitely small as compared with the wave length (which in the tones constituting the ordinary musical scale—that, is from C_1 with 33 vibrations, to C_5 with 4224 vibrations—vary from 8 to 1000 cm.), must also act like a fluid absolutely incompressible, and therefore as incapable of transmitting the vibrations of sound. That the ossicles do not vibrate is also rendered probable from a consideration of the length of the tongues employed to produce the highest tones of the musical scale; for were it possible to put into regular vibration such small masses as the bones of the ear, these would give forth tones of such enormous height that, to our ear, they would probably be no longer perceptible—tones lying far beyond the limits of our musical scale. Helmholtz compares the relations of the ossicles of the ear to the vibrations of sound to that of an iron rod vibrating seconds. Such a rod, he says, is elastic and yielding, and is capable of several kinds of vibration; but such vibrations as that from a blow take place at the rate of several hundreds per second, and thus the effect of the blow can be transmitted thoroughly to every part of the mass before even a small fraction of a vibration has passed. Under these circumstances the pendulum vibrates practically as an absolutely solid body.

Professor Helmholtz enters into a minute description of the membrana tympani, which he shows to be, not, as hitherto supposed, highly elastic, but an absolutely inextensible membrane, chiefly composed of tendinous fibres; and shows that its curved form renders it essentially different from all other membranes hitherto studied in acoustics. The articulation between the incus and the malleus he regards as analogous to that racket construction well known in certain watch-keys which offer resistance in one direction but not in the other. The tensor tympani, in contracting, renders tense all the fibrous bands which give firmness to the position of the ossicles, except the ligamentum mallei superius, which runs in the same direction as the muscle.

A mathematical appendix is given by Prof. Helmholtz, which we trust many of the aurists are capable of following.

Fourth Annual Report of the State Board of Health of Massachusetts. January, 1873. Boston: Wright and Potter, State Printers.

THESE reports contain a good deal of valuable information, and are very creditably executed. The contributions are, however, of very unequal merit, and we are not by any means always disposed to accept all the conclusions contained in some of them that we have read; still, some of the papers and reports are exceptionally good. The conjoint report of Prof. W. M. Nichols and Dr. George Derby on sewerage, sewage, the pollution of streams, and the water-supply of towns, in the present volume, is of a very elaborate and practical character. Speaking of the dry-earth system, the reporters state that the conditions under which this plan can be used are exceedingly limited. The earth must be dried, and kept dry at all times for immediate use. This involves labour and intelligent care and foresight. The artificial drying of the earth for use a second time in private houses would be expensive, well-nigh impracticable, and

inconsistent with existing social arrangements. As no slops, sink-wash, or other fluids can be added, drains and sewers would still be required, and the dry-earth system could not supplant these. The reporters incidentally remark that it has yet to be shown that the foul odour is any measure of the danger from the retention of human excreta about our dwellings. It may be that, while deprived of offensive smell, these materials may yet, under certain circumstances, convey disease. The difficulties, cost of labour, and other considerations attending the general use of the dry-earth system in densely populated cities or towns seem to be insuperable. But the case is altogether different with country houses, for which there are several very weighty reasons why it should be preferred. Supposing that the dry-earth plan had been the only means of disposing of excreta, as it is said to be in China, and that our present water-carriage system were proposed for the first time as a substitute, would it not be hailed as a blessing? our reporters shrewdly ask. The disadvantages of the water system are familiar to us by long use; while those of the earth system, as applied to large communities, have yet to be determined. The water-carriage system will soon, in the opinion of the reporters, be the universal method employed in cities and towns. Its advantages are many and obvious. The remarks which follow on the ventilation of house drains are both sensible and practical. The only cities in Massachusetts now provided with a system of sewerage which can be regarded as approaching completeness, are Boston and Worcester. In the former city, the reporters regret that authority to erect buildings has been given of late years very freely in sections which cannot be properly sewered. At Worcester, the sewage works are said to be on a very complete scale, and are a subject of just pride to the city and commonwealth. In the vast majority of households in Massachusetts, however, human excrement is still deposited under small buildings, either entirely detached from the dwelling or connected by a wood-shed or other passage-way. The dangers attending this system, if not looked after by careful and intelligent persons, are well known. Air and water pollution may very readily ensue, as we know full well from occurrences in this country, giving rise to fevers and intestinal disorders. The remainder of this paper contains an exhaustive report, as far as it goes, on the different systems of sewers and water-supply that have been practically tried or adopted in this and other countries. Mr. P. Emory Aldrich, member of the State Board of Health, supplies a contribution to the present volume on beer-shops and prohibitory laws, which contains an additional analysis of evidence as to the use and abuse of intoxicating liquors. Dr. H. K. Oliver reports on the character of substances used for flavouring articles of food and drink. The principal other papers in the volume are those on drainage for health; infant mortality; the food of the people of Massachusetts; and, lastly, an analysis of a correspondence by Dr. Henry L. Bowditch on some of the causes or antecedents of consumption.

Notes on Asthma; its Nature, Forms, and Treatment. By JOHN C. THOROWGOOD, M.D. & M.R.C.P. Lond., Physician to the City of London Hospital for Diseases of the Chest, Physician to the West London Hospital, and Lecturer on Materia Medica at Middlesex Hospital. Second Edition. London: J. & A. Churchill, New Burlington-street.

THE fact that this book has reached a second edition shows that it meets a want in the profession. It treats of the subject from a clinical and practical point of view, on the ground of cases observed in the Victoria-park Hospital. There is not very much that is original in the doctrines of it, either pathological or therapeutical; and occasionally a strong opinion as to the efficacy of a certain drug or line of treatment is expressed on what seems to us a rather slender basis. But the author is not unduly wedded to any treatment, and shows throughout a sensible appreciation of the complicated nature of the cases that are popularly regarded as those of asthma, and the necessity of a correspondingly varied treatment. His chapter on Bronchitic Asthma, as well as the more numerous chapters on the spasmodic forms of the disease, may be read with great advantage by all practitioners; and we would especially direct attention to his remarks on the uses of arsenic, oxide of silver, phosphorus, sulphur, mercury, &c., in certain cases. The diathetic relations of both asthma and bronchitis, so important in every respect, are illustrated by Dr. Thorowgood.

Practical Examples in Quantitative Analysis: forming a concise Guide to the Analysis of Water, &c. By ERNEST FRANCIS, F.C.S., Demonstrator of Practical Chemistry, Charing-cross Hospital. London: H. K. Lewis.

THIS little manual of fifty-seven pages is mainly intended for the use of health officers, who, under the conditions of the new Act, are expected to perform analytical processes which in many cases lie somewhat beyond the range of their experience. It is divided into three parts, devoted respectively to gravimetric, volumetric, and colorimetric analysis. In each the directions given are clear and simple. The necessary instruments are first described, and their use is then illustrated by examples drawn from the operations of water, food, and urine analysis. The method of water analysis adopted is that of Wanklyn and Chapman, which has the merit of simplicity—a merit which has led to its pretty general adoption. The book is crowded with useful information, and we can very safely recommend it to our readers.

Botanical Companion to the British Pharmacopœia. By HYMAN MARKS, L.R.C.S.I. London: Longmans.

THE Botanical Companion to the Pharmacopœia, by Mr. Marks, will be found by the student of medicine to be a very useful little work. The arrangement adopted is concise and perspicuous. In the first part the various natural orders which occur in the Pharmacopœia are described, and the alphabetical analysis at the end, giving the classification and officinal parts of every plant that occurs in the Pharmacopœia, affords great facility for acquiring information which had hitherto to be searched for through cumbrous works on materia medica and botany. The attentive student will study this unobtrusive little pamphlet with advantage.

OFFICIAL REGULATIONS FOR THE GRANT OF VACCINATION AWARDS.

WE last week noticed the Second Annual Report of the Local Government Board, dealing generally with the matters which concern the medical department of the Board. There was one matter, however, in connexion with that department which deserves a more special notice. This matter relates to the granting of awards, which, as our readers are well aware, has been for some time done, to public vaccinators. The regulations under which these awards are granted are now for the first time made public. But before referring in detail to the regulations themselves, it may be not altogether uninteresting if we give a short account of this matter.

It will not be necessary to give any lengthened particulars of the early history of public vaccination, and we need, for our present purpose, only refer to the statements

made over and over again in the reports of the Medical Officer of the Privy Council, to show how very bad and utterly untrustworthy the so-called public vaccination was some years ago in many parishes, and in some instances whole unions. It was also extremely deficient in quantity as well as in quality; so much so that Mr. Simon, in one of his reports, stated that the public defences against small-pox were in great part insufficient and defective; adding, in another part of the same report, words to the effect that in whole unions where there was no reason to suppose that any important number of vaccinations was performed by private practitioners, the number of vaccinations performed by the public vaccinators did not equal a third of the births; in some unions the percentage of vaccinations to births being as low as 17, 12, and even 7; while there were districts where for long periods (in one case as long as three years) not a single vaccination was performed. This was an opinion expressed some ten years ago. Thus matters went on improving slightly, we believe, until 1866, in which year a new Vaccination Bill was brought into Parliament, one of the provisions of which was to found a system of awards to public vaccinators. This Bill, owing to a change of ministry taking place, did not become law in that year. It, however, was only postponed for that session, for in the following year it was added to the statute book as the Vaccination Act, 1867. But notwithstanding the Bill of 1866 was dropped for that session, the principle of awards to meritorious public vaccinators, according to the number of vaccinations performed by them (which was to carry into effect a recommendation made by the committee of the House to which the Bill was referred), seemed to be one which should be immediately adopted, without waiting to be carried into effect under the formal authority of an Act of Parliament; at any rate, this was the course taken, and the experiment succeeded quite as fully as those who originated it expected, and in the following year (1867) a clause was inserted in the Vaccination Act of that year, to give permanency to what was previously but a tentative measure.

The clause in question enacted that in reports made to the Central Authority (then the Privy Council, now the Local Government Board) with regard to the quantity and quality of the vaccinations performed in the several districts of England, awards might be granted out of moneys to be provided by Parliament to public vaccinators who had properly performed their duties; these awards were not to exceed one shilling per case, and were to be given under regulations to be approved by the Treasury.

The practical result of this has been, year after year, laid before Parliament, and is as follows:—Amount of awards in 1867, £1824; in 1868, £2753 2s.; in 1869, £3885 15s. 4d.; in 1870, £5685 8s.; in 1871, £7339 11s. 8d.; in 1872, £6185 13s. 4d.: making a total for the six years 1867–72 of £27,673 10s. 4d.

At the time of the institution of this new principle of awards, it was known that there were two grades into which the recipients were divided, and that those of the first grade received 1s. per case, while those in the second grade received only 8d. per case. It was also of course known that these awards were made under certain regulations, but up to the present time, notwithstanding numerous efforts have been made to obtain their publication, the regulations were treated as a confidential departmental paper. It became obvious, however, as one gained experience in the working of this system, that a knowledge by public vaccinators of the standard of excellence which they were required to reach was very desirable, and we have always been of opinion that the regulations should be made known. This has at last been done, so that each public vaccinator may now become acquainted with the conditions which he must fulfil to obtain an award.

The following is an epitome of the regulations:—

1. Awards will not be given to the vaccinators of districts where contracts approved by the central office are not in force, or where the arrangements in operation are contrary to those recommended by the central authority.

2. No award will be given to a public vaccinator who has not properly complied with all statutory and other requirements in connexion with his contract, or who has not himself habitually performed the duties of his office, or if there is a deficiency in the average quantity of the infantile public vaccination, and the vaccinator has conduced to the deficiency by want of punctuality, or by any other fault in relation to the public.

3. No award will be given unless the quality of the vaccinator's work comes up to a certain standard of merit; the scars produced being thoroughly well marked in their foveation. Where this is satisfactory the work will be divided into two classes according to the area of foveated surface—namely:—First grade: Scars having collectively at least half a square inch total area. Second grade: Scars less than the above, but having collectively at least one-third of a square inch total area. The second grade is only allowable in cases of first awards, and no vaccinator who has once received an award for work of the second grade will be deemed eligible for an award unless his work reaches the first grade.

4. No award will be made to a vaccinator who has not held his office for at least a year, nor to any person who at the time of inspection is not actually in office as the public vaccinator.

5. The cases to be taken into account for the purposes of calculating the amount to be awarded are the successful infantile vaccinations recorded in the vaccinator's registers (and verified by the board of guardians) from the quarter day preceding the last inspection to the quarter day preceding the present inspection.

Foreign Gleanings.

IMPERFORATE HYMENEAL MEMBRANE.

A CASE is recorded by Dr. Foucard in *Abeille Médicale*, March, 1873. Retention of urine for twenty-four hours; catheterism decided on; discovery of a large tumour projecting between the labia; bladder emptied; incision of membrane; exit of a large quantity of inodorous blood. The patient married, and on Dr. Foucard being called in for the first accouchement he found that the lips of the incision had closed; labour effected without any new incision and without rupture of the vulva.

Another case is recorded by Dr. Pirotau in the *Gazette des Hôpitaux*. Woman aged twenty-one; lymphatic; had never menstruated; had been treated by tonics and iron for four years to induce menstruation, but without effect; each month she underwent a fit of illness attended by intense pain in the abdomen, groins, and genital organs; micturition difficult; abdomen hard, swollen, and painful, especially in the right iliac fossa; there existed in that situation a rounded, circumscribed, painful tumour, which flattened under pressure. Emolient applications rather painful than soothing. On the 7th January she was examined locally during the monthly fit. Between the labia there existed a prominent bulging tumour; the abdomen was distended, and the tumour extended to above the umbilicus, was fluctuating, and well defined; bladder distended; uterus bulging to the right; there was strangury, and she suffered very great pain. The hymen was incised, giving exit to at least six litres of blood; the swelling disappeared; and the patient speedily recovered, and has since regularly menstruated.

TREATMENT OF GASTRALGIA.

For the treatment of gastralgia Dr. Joulin strongly advocates (*France Médicale*, June 7th) a combination of ice and external revulsants. The chief points of the plan may be summed up thus:—1. A poultice of ice for ten minutes, morning and evening, to the pit of the stomach. 2. A mustard plaster to the same spot immediately on removing the ice-poultice, and to be kept on as long as possible. 3. Pounded ice, to be taken morning and evening, a tablespoonful every five minutes for one hour. 4. A mustard bath with two pounds of mustard three times a week. The ice of the poultice is to be chopped up in small bits, and enclosed in an india-rubber bag. The ice taken internally must be pounded with sugar, or it may be prepared by an ice-man to the taste of the patient. It must be swallowed down suddenly, and not kept in the mouth, as it would lose its coldness. If a tablespoonful is too much at a time, several teaspoonfuls may be taken instead. As to the general mustard bath, Dr. Joulin recommends it as far superior to the ordinary warm bath, which weakens, and considers it to be a powerful tonic which affords the best results in nervous women. The duration of the treatment varies according to

the intensity of the symptoms, from simple dyspepsia to general neurosis, but the whole treatment must be employed in every case.

SUCCEDANEA OF QUININE.

Dr. Angelo Crociani (*Imparziale de Firenze*) was led to try various succedanea of quinine, on account of the high price of the drug, its adulterations, and chiefly the repugnance evinced to it by the inhabitants of Val-di-Chiona, where he practises. After various trials, the drugs which succeeded best, and which he now advocates, were iodine and sulphur. According to Dr. Crociani, the success of both these drugs is due not to any antiperiodic action, but to their anti-zymotic properties, thereby admitting the influence of morbid ferments and the presence of cryptogamic organisms in paludal fever. Both drugs were successful in cases where quinine and arsenic had failed. The author relates four cases of tertian ague in which sulphur succeeded, and eight cases cured by the use of iodine. The sulphur was generally administered as follows: an ounce divided into four doses, to be taken during apyretic intervals. In one case two doses were given the same evening; the following day the fit was much less intense, and as soon as it was over, the patient took the two remaining doses, and entirely recovered. As to the iodine, after previous purging, ninety drops of the tincture with three ounces and a half of strong infusion of quassia, were given, one-half the day of the fever and previous to the fit, the other half on the following morning.

HERPES CONSECUTIVE ON TRAUMATISM.

Professor Verneuil distinguishes three kinds of the above:—(1) Peripheric herpes, supervening towards the extremity of the diseased nerve (a nerve being wounded in its continuity, herpes manifests itself between the lesion and the terminal development); (2) herpes of neighbourhood (*herpès de voisinage*), observed on the strips of surface innervated by the collateral branches of the injured nerve, either through ascension and propagation of the neuritis to those branches, or through reflex action, which it is difficult to admit; (3) distant herpes (*herpès à distance*), situate in a region far from the seat of injury, and which has therewith only an indirect nervous connexion, existing exclusively through the ganglia or even the cerebro-spinal centre. Traumatic herpes, according to Dr. Verneuil, is dependent upon the constitutional condition. He also thinks that what is called diphtheria of wounds is perhaps only an herpetic complication at times. On the other hand, he thinks that a reservation must be made touching phlyctenoid erysipelas, as the phlyctens which serve to characterise this sort of erysipelas may often be simply herpetic vesicles circumscribed by cutaneous inflammation.

INFLUENCE OF THE SPLANCHNIC NERVES ON THE KIDNEYS.

The results of experiments on the above were communicated by Professor Vulpian at a recent meeting of the Société de Biologie of Paris. On cutting the left splanchnic nerve in a dog subjected to the influence of woorari, M. Vulpian observed that the corresponding kidney became congested, assumed a deeper hue, and enlarged slightly. Polyuria supervened, as also albuminuria, but without extravasation of the globules of the blood, and without desquamation of the tubes. At the same time the renal vein became larger and redder. On the peripheric end being subjected to the action of electricity, the kidney and its capsule were observed to become pale. They progressively resumed their reddish hue as the passage of the current was suspended, while the calibre of the renal vein diminished and the blood in it became darker.

PRESENCE OF BACTERIA IN BLOOD.

Dr. Eberth, of Zurich, states (in *Centralblatt für die und Wissensch.*, No. 20, 1873) that he has found in ordinary sweat, as well as in yellow sweat, small oval-shaped bacteria, which are frequently united in strings of two or three, and endowed with rather active movements. In spots covered with hair they attach to the hair, and often form thick layers, whilst others penetrate into the hair, which then splits and breaks. Colouring by means of bæmatoxylin brings out the isolated bacteria as well as those collected on the hair. The author thinks that they very likely contribute to produce certain chemical modifications of sweat.

AMYKOSASEPTIN: AN ANTISEPTIC.

Amykosaseptin, or amycetoseptin is an antiseptic consisting in a solution of borax combined with decoction of cloves. The author of a paper in *Allg. Med. Cent. Zeit.*, No. 46, 1873, thus describes its action:—1. Boric acid prevents bacteria from penetrating into the tissues, and thus prevents rot. 2. It destroys bacteria which may already exist in the tissues, and thus arrests rot. 3. It speedily kills true infusoria. 4. It is often a deadly poison for articulated animals and their larvæ. 5. It does not prevent the development of mildew. 6. The decoction of cloves only possesses, in a limited degree, the property of preventing the development of mildew, but it certainly delays the process, and renders it difficult.

NATURE OF MUMPS.

In a note on the above, read to the Academy of Sciences by Claude Bernard, the author, Dr. Bouchut, states that parotitis is simply a salivary retention due to catarrhal inflammation of the excreting canal of the parotid.

COLLEGE OF SURGEONS' MUSEUM.

THE annual report of Mr. Flower, the Conservator to the Museum Committee, shows that the additions to the pathological collection made during the last twelvemonth are 100 in number, as compared with 88 in the previous year, and 62 in the year before. They have all been catalogued and mounted by Dr. Goodhart, Pathological Assistant to the Museum. Among them is a very remarkable complete human skeleton, showing the effects of extreme lateral curvature of the spine, associated with rickets. This skeleton has been prepared by Mr. James Flower, the College Articulator, great care having been taken, by means of plaster casts, to preserve the exact relative position which the bones occupied during life.

The articulated skeletons exhibited show still further improvements in the method of mounting, especially in the vertebral column, the examination of the different bones of which had hitherto presented some difficulties. These are now completely surmounted by a method devised by the articulator, at once simple and efficient, which must, however, be seen to be properly understood. The series of human osteology has received a very important accession in 100 crania from ancient Peruvian burial-grounds, presented by the Anthropological Institute of Great Britain and Ireland. They form part of a large collection forwarded to the Institute by T. J. Hutchinson, Esq., H.B.M. Consul at Callao, and all have the localities from which they were obtained carefully registered. Such a considerable series of skulls of one race is of great interest, as it proves the constancy of the characteristic type, as they are, with scarcely an exception, extremely brachycephalic, with flat retreating foreheads, a character in many cases evidently exaggerated by artificial pressure in infancy. An account of this collection has been read at the Anthropological Institute by the President, Mr. Busk, and will shortly be published.

Human anatomy is well represented by a set of preparations showing the distribution of the arteries of the head and neck, and of the lower extremity, made by Mr. W. Pearson. The muscular series commenced by Dr. Pettigrew having been nearly completed, the vascular system will now be worked out as opportunities permit, the present being the first instalment of preparations. They will take the place of the old dried vascular preparations, most of which have perished from the effects of time and attacks of insects, and which are altogether inferior in beauty and durability to the preparations preserved in spirit, such as those now exhibited.

Several additions have been made to the collection of surgical instruments and appliances, though perhaps not in such numbers as might have been anticipated. At the request of Her Majesty's Commissioners for the Exhibition of 1851, a selection of the more ancient and curious instruments in the collection has been lent, with the sanction of the Council, for the purpose of forming part of the series of Surgical Instruments at present exhibited in the International Exhibition at South Kensington.

THE LANCET.

LONDON: SATURDAY, JULY 5, 1873.

THE brief sketch given of the progress of cholera in Europe in THE LANCET of last week did no more than indicate the paths that it has taken, and is likely to take, in approaching the United Kingdom. Any of our readers, glancing at the map of Northern Europe, will see that along the southern shores of the basin of the Baltic are some eight or ten German ports, with all of which, at this season of the year, the waterside towns of our east and north-east coasts have almost hourly communication. And it is to these streams of commerce across the Baltic and North German seas that the attention of our port sanitary authorities should be directed. The practical experiences of last year fully proved this to be the case, and all practical preventive measures now to be instituted should have their starting-point from the east coast. The sanitary authorities at the ports of London, Rochester, Harwich, Colchester, Yarmouth, Lowestoft, Wisbech, Boston, Hull, Grimsby, Hartlepool, and all the Tyne ports, as well as Berwick, Leith, and Aberdeen, are at the present time saddled with great additional responsibilities, for one of their chief present duties is to take active steps to prevent the importation of cholera into the kingdom by means of the shipping. And the machinery has been already sketched out and epitomised by the Medical Department of the Local Government Board, and needs but to be set in motion. When cholera threatened last year, Dr. BUCHANAN and Mr. NETTEN RADCLIFFE were entrusted with the special duty of advising all port sanitary authorities as to their proper line of action, and this duty was executed very promptly and energetically. The Tyne ports, Hull, and nearly all places on the north-east coast, set to work, established a system of inspection of all vessels that arrived from "suspected" ports, and made provision for hospital accommodation, either afloat or ashore, in the immediate vicinity of the waterway. The Thames Shipping Inspection Committee, formed by delegates from the waterside sanitary districts, adopted, under the direction of Dr. BUCHANAN, certain provisional measures. They were beset with two great difficulties: the first, that caused by a divided authority, and the second, by the possession, geographically speaking, of a most unmanageable range of waterway. But the City Corporation have, under the Public Health Act, solved the first; and it is to be hoped that their officers, under the direction of Mr. SIMON'S staff, will not only solve the second obstacle to efficient sanitary supervision on the Thames, but show the way to other port authorities throughout the kingdom. But it is a duty to emphasize in the strongest possible manner the importance of speedy action. Those who are familiar with the condition of the Baltic trade at the present time, the enormous pressure that is brought to bear upon the masters of vessels engaged in it to work with "quick dispatch," the unsatisfactory condition in many instances of the quarters of the crew, and the many and various inducements for the concealment of any disease likely to cause vexatious delay, can alone understand how very difficult the detection of sickness on board must be, unless the inspection be carried on in a regular and systematic manner. It is the duty of all port authorities to revive immediately the precautionary measures adopted last year, and, viewing Dantzic as a "suspected" port, to have all vessels that arrive thence boarded by a medical officer. The port of London has the single but very great advantage of possessing a narrow entrance, and hence a surveillance of this sort can be carried on at Gravesend more completely, perhaps, than at any other chief port in England. But "panic" administration, like "panic" legislation, is always objectionable; and we trust that all port sanitary authorities will see the wisdom of getting their machinery into working order without a moment's delay.

FEW documents published by the General Medical Council should be of more interest than the Table showing the results of professional examinations for degrees, diplomas, and licences granted by the various medical bodies of the kingdom in any given year. Unfortunately, hitherto it has been so incorrect as to be almost useless. The Table this year has been drawn up under the direction of the Executive Committee, and presumably is more reliable than in previous years. The difficulty arises from the number of the examinations required by the different bodies being so various. For example, the Irish College of Surgeons examines a candidate for the licence three times, exclusive of the preliminary examination; whereas the English College only examines its candidates twice. It is not always easy to know how the examinations of one body correspond to the examinations of another; and it seems difficult for the Council to get accurate reports of the number that pass the different examinations and the number that fail to pass them.

It may surprise our readers to know that, according to this Table, 1737 qualifications, of one sort or another, were obtained by passing the final examination of one or other of the medical bodies or of the universities. Thus, 756 persons passed the final examinations in England, 507 in Scotland, and 474 in Ireland. The unsuccessful candidates at the final examinations were—in England 183, in Scotland 134, and in Ireland 107, in all.

The qualifications most in demand in England are—the membership of the College of Surgeons, for which last year 374 passed; and the licence of the Apothecaries' Company, for which 222 passed. Between these and the next English qualification most in demand there is a great gap—the licence of the College of Physicians, for which 64 passed.

The qualifications most in demand in Scotland were—the licence of the College of Physicians, for which 125 passed; and the double diploma or licence in Medicine and Surgery of the Royal College of Physicians and the Royal College of Surgeons of Edinburgh, for which 80 passed. Next in demand were the degrees of Bachelor of Medicine and Bachelor of Surgery (mostly taken together) of the universities—viz., in Edinburgh 74, in Aberdeen 48, and in Glasgow 41.

The Irish qualification most in demand was the licence of

the Royal College of Surgeons in Ireland, for which 120 passed; next, the degree of M.D. in the Queen's University, for which 67 passed; and the degree of M.C. in the same University, for which 42 passed; 42 candidates passed for the degree of M.B. of the University of Dublin. The licence of the Apothecaries' Hall, Dublin, was obtained by 30 persons.

It is evident that the old notion of passing the College and Hall still rules the majority of those entering the profession. The diploma of the College of Surgeons, though only a single qualification, and, together with the preliminary examination, costing £24, was obtained by 374 men, and desired by 106 who failed to pass the examination. In like manner, the Apothecaries' Company passed 222 men against the London College of Physicians, who licensed only 64, though their diploma is both a medical and surgical licence, and costs seven pounds less than the diploma of the College of Surgeons. The licence of the Edinburgh College of Physicians was sought by 181 persons, of whom 125 succeeded. It is to be observed that, in the case of both the English and the Scotch Colleges of Physicians, the large majority of the candidates were only examined at the pass examinations, which we presume implies that they were qualified before, and that they sought this qualification either as a medical one in contradistinction to a surgical one, or as more ornamental than the one already possessed.

So far we have referred only to the Final or Pass Examinations of the different Boards, the passing of which confers qualification. These are the examinations which are of most importance to the public and, indeed, to the candidate. But it is at the First Examinations that the majority of failures occur, and to these we shall now refer. It is not possible to form an exact opinion of the severity of an examination by the number passed and the number rejected. The proportion passed and rejected by two different bodies may be the same, and yet the nature and severity of the examination may be very different, and the class of students that come up to them as different. Still the proportion of rejections is a point of great interest. Let us note a few of the examinations in which the rejections were conspicuously large. The London University, of course, is *facile princeps*, if we include its preliminary scientific examination, at which, in 1872, 69 failed and 48 passed. But, if we exclude this, the rejections are not so large in proportion to the pass result as in some other bodies. At the first M.B. examination, 12 were rejected and 28 passed; at the second M.B. examination, 3 only were rejected and 25 passed. The College of Surgeons of London rejected at its first examination 220, and passed 442. The Royal College of Physicians of London rejected none, and passed 2. The Edinburgh College of Physicians rejected 8 and passed 10. The Faculty of Physicians and Surgeons of Glasgow seems to have guarded the gates of the profession with a just severity, for they rejected 37 and passed 33. In the first examinations for the double diploma of the Edinburgh Colleges, 30 were rejected and 36 passed. In the case of the higher degrees of Scotland, the Edinburgh University rejected 50 and passed 110 at the first examination for the M.B.; the University of Glasgow rejected 27 and passed 59. The Irish bodies did their fair share of rejections at the first examinations. Thus the College of Surgeons rejected 57 and passed 124; the University of Dublin, at its first examination for the M.B., rejected 51 and passed 186. The Queen's University was the most stern, for it rejected 60 and passed 78 at its first examination for the degree of M.D.

There can be little doubt that the proportion of rejections is greater than it used to be; proving either the greater severity of the examinations or the greater defect in the student or his teachers. It is the easiest, and therefore the commonest, course, when a student fails, to blame him; and we are not going to constitute ourselves the apologists of those who fail. Still the fault we believe to be partly in modes of teaching, if largely also in pupils themselves. For example, we heard lately of 20 students out of 22 being rejected in Latin at a preliminary examination at one of the Royal Colleges. This must imply bad education.

MR. ANDREW DOYLE, the Inspector of the Local Government Board for Wales and Monmouth, has addressed a letter of considerable interest to the several sanitary authorities of his district. This letter fully confirms the opinion that we ventured to express five weeks ago—that by the appointment of so-called medical officers of health for large areas, the Local Government Board was virtually appointing local medical inspectors in substitution for central medical inspectors, and effecting a relief of the Imperial expenditure at the cost of an increased local expenditure. The indiscriminate appointment of the district medical officers in Wales as medical officers of health, as the first outcome of Mr. DOYLE's labours in initiation of the Public Health Act of 1872, in direct antagonism to the opinions and advice tendered and action taken by his fellow-inspectors elsewhere, was one of the earliest puzzles of Mr. STANSFELD's "policy." It was irreconcilable with much that Mr. STANSFELD had said on this policy on the 21st of November last; and so much of his statements as then bore upon these appointments only served to bring their incongruousness with the appointments made elsewhere, and equally approved by the Board, into greater relief. The irreconcilability of the action taken by Mr. DOYLE in Wales with that taken by the general inspectors of the Board in other parts of the kingdom, has become more and more apparent as the work of initiating the Public Health Act of 1872 has proceeded; and for some time we have been looking with interest for the measures which, on the one hand, would have to be adopted to bring Mr. DOYLE's action into something like consistency with that of his fellow-inspectors; and, on the other, would reconcile their action with his. Mr. DOYLE, who led the way in working out a scheme for the initiation of the Public Health Act of 1872, also leads the way in working out the reconciliation of this scheme with schemes carried out elsewhere. It was obvious that, so long as Wales and Monmouth were held to be appropriately provided with officers of health in the persons of the district medical officers, the objections of the Local Government Board to the appointment of these officers to the same post elsewhere, and the appointment of medical officers of health for combined districts, were discredited. The course taken by Mr. DOYLE, with the assent of his Board, to get over the difficulty is ingenious. What was held to be

an obvious necessity in England is considered by Mr. DOYLE to have only become apparent in Wales after the examination of the first sanitary reports presented by the different medical officers of health and inspectors of nuisances. The information thus obtained, Mr. DOYLE argues in his letter, shows the "insufficiency of separate and independent action by each authority as a means of dealing satisfactorily with the question of sanitary administration." Now that this is shown by the information in question we have studied Mr. DOYLE'S letter in vain to see. So far as we can understand it, while giving abundant evidence for that detailed local work of which Mr. STANSFELD spoke in November last, it helps little the argument of "the insufficiency of separate and independent action." Mr. DOYLE thinks that the "question of sanitary administration should be dealt with, as far as practicable, upon some uniform principle." It has been commonly presumed that the Local Government Board and its inspectors had, as their especial duty, to secure such uniformity. Mr. DOYLE remarks that there is "great uniformity in the character of the nuisances reported," but much discordance of views among the reporters. How could this be otherwise in a series of reports obtained in such promiscuous fashion as those with which Mr. DOYLE has had to deal have been obtained. To secure the desired uniformity Mr. DOYLE suggests "the formation of large sanitary districts, and the additional appointment of an officer of health for the supervision of each." This suggestion Mr. DOYLE modestly assigns to a meeting of the South Wales Medical Association; and quotes a resolution in which the suggested new officer is termed "*an organising inspector.*" He further suggests the division of Wales and Monmouth into four districts for the purpose. Mr. DOYLE is satisfied that in Wales "the success of sanitary administration will depend upon the combined services of local medical officers of health [the district medical officers], acting in co-operation with a central officer for large districts."

This proposition, at least, will bring the arrangements in Wales as to large combined districts into uniformity with the like kind of districts formed in England. Further, it would give Wales that completer organisation foreshadowed by Mr. FARNALL in Essex, and which must be the necessary complement of large combined districts. But the chief interest of the proposition rests in the reasons advanced by Mr. DOYLE in favour of it. We may take it that the term "organising inspector," quoted by Mr. DOYLE, happily expresses the duties to be assigned to this new officer. It is obvious that he is required to bring about that uniformity of principle and practice that Mr. DOYLE sees to be necessary; that, in fact, those peculiar duties which, as respects advising local authorities in sanitary principles and practice, have hitherto been carried out by the Government through the agency of the Medical Department of the Privy Council, are now to be relegated to officers appointed by the sanitary authorities themselves. The Local Government Board finds, as all must find, that medical sanitary inspection is a necessity, if sanitary work is to be anything but farce; and it takes the bold step of endeavouring to carry this out by local agency, substituting local for central medical inspectors. All the steps to this end tend to show that the Board holds that such an agency can be substituted for that of its Medical Department, and that through it the Board itself can supervise all the working of the Sanitary Acts. If this inference be correct, and the change should be completed, the Medical Department of the Local Government Board would be placed in the same casual relation to the Board which was held by the medical officers of the old Poor-law Board, and doubtless with the same disastrous results, needless here to specify. The success of this bit of "policy" must rest upon the assumption that the new class of officers will be as amenable to lay-regulation as the much-suffering Poor-law medical officers; that the public will accept as passively muddles in general sanitary matters as it has usually done those in Poor-law sanitary matters; and that the Legislature also will be as indifferent and as easily manipulated. We have no doubt what the ultimate result will be; meanwhile we shall watch with interest this curious phase of departmental "policy."

Medical Annotations.

"Ne quid nimis."

THE COLLEGE OF SURGEONS' ELECTION.

THE election into the Council of the College of Surgeons on Thursday last attracted a large number of the Fellows, nearly 300 votes being recorded. The ballot was kept open till five o'clock, when the result was declared as follows:—Sir James Paget, 200; Mr. Haynes Walton, 136; Mr. George Southam, 113; Mr. John Marshall, 106; and these gentlemen were declared duly elected.

The numbers of votes polled by the remaining candidates were as follows:—Mr. Cooper Forster, 105; Mr. Savory, 97; Mr. Hird, 62; Mr. Hussey, 29.

The numbers of plumping votes given to each candidate were as follows:—Sir J. Paget, 2; Mr. Hird, 5; Mr. Walton, 17; Mr. Forster, 3; Mr. Marshall, 4; Mr. Savory, 1; and Mr. Southam, 10.

ARMY MATTERS.

THE British army appears to be in a peculiar state of transition at the present time. Purchase has been abolished, and the officers have been treated very liberally by the nation; but it is useless to conceal the fact that great discontent has arisen out of this measure. The officers that have memorialised H.R.H. the Commander-in-Chief with reference to their position and prospects are, we suppose, without number. Medical officers talk of the obliteration of the Director-General's name from the late Medical Warrant, but their amazement is trifling compared with that with which officers generally must have regarded the March Army List with the name of Mr. Cardwell substituted for that of His Royal Highness as head of the army. The Royal Artillery have been fighting for their rights whilst serving in India, and they grumble at the restrictions that have been imposed upon them in regard to forage. On the other hand, a large number of senior captains complain that they have been superseded by the promotion of artillery and engineer officers. The Militia is dissatisfied; the Army Medical Service have been boiling over with discontent at what they consider a breach of faith in regard to them; and last, but by no means least, the rank and file are disappearing by desertion. Recruits are not coming forward as they should do, and many of those that have been enlisted since 1870 are below the standard laid down in the Regulations;

and, what is worse, Sir J. Pakington and Colonel Anson have succeeded in showing that the returns presented to the House of Lords, on the motion of the Duke of Richmond, have been falsified. Altogether things are not looking very promising just now as regards our army administration. The reputation of the Government, seriously damaged by the Irish University Bill, has not been improved by recent attempts at legislation in other directions. The Radical journals have long openly desired a change of Government, to which those ordinarily supporting the present Government do not show themselves at all averse.

RESEARCHES ON THE FUNCTIONS OF THE BRAIN.

PROFESSOR NOTHNAGEL, of Freiburg, contributes a paper to the last part of Virchow's *Archiv* (Band lvii., Heft 2, p. 184), containing an account of a series of researches he has recently made in Heidenhain's laboratory upon the functions of the brain. With a few exceptions his experiments were made upon rabbits placed thoroughly under the influence of woorara. He acknowledges that dogs are better subjects for experiment, whilst their more convoluted brain resembles more closely than the rabbit that of man. On the other hand, rabbits can be obtained in any number, and they are not difficult to keep. The plan adopted by Prof. Nothnagel was suggested to him by Prof. Heidenhain, and is somewhat peculiar. It consists in drilling a small hole through the cranium, through which the canula of a subcutaneous injection syringe is inserted and plunged to a greater or less depth into the brain. A minute quantity, perhaps not amounting to more than a quarter or half an ordinary drop, of a concentrated solution of chromic acid is then injected, and the effects watched. The pain must be slight, as the animal often remains passive till the sutures required to close the wound are inserted. It is obvious, also, that in this mode of procedure bleeding and those alterations which might result from evaporation and exposure to cold are avoided. When the acid was injected directly into the ventricles, death took place in from ten to thirty minutes, the pulse becoming very slow and great dyspnœa setting in, soon followed by increased action of the heart and convulsions. Post-mortem examination in such cases showed that the acid had passed through the foramen of Monro and crept along the floors of the third and fourth ventricles. As a rule, however, where the injection only affected a limited spot of the brain-substance, life was maintained for several days at least, and often for two or three weeks. The cause of death he was unable to make out satisfactorily in any instance. After death, the part of the brain into which the acid had penetrated was deeply stained and leathery. When the injection was made about the middle of the upper surface of one of the hemispheres, near the middle line, the animal appeared at first sight to be perfectly well. Close examination, however, showed that there was slight impairment of the muscular sense of the opposite fore leg, the animal planting it with some unsteadiness too far forward or outward. If when the animal was quiet the fore foot of the same side was pulled forward, however gently, the animal resisted, but the opposite one could be drawn forward without difficulty, which Nothnagel attributes to the animal having lost its muscular sense, or the sense of position; nevertheless, it could spring as usual, and the sensibility of the skin was unaltered. There appeared to be a similar, though less marked, action exerted upon the muscles of the hind leg. Similar experiments upon dogs, the acid being injected into the outer extremity of the gyrus postfrontalis, were attended with analogous results; and these are in tolerable accordance with the effects observed by Fritsch and Hitzig, operating in a different manner. When the animals lived for a fortnight, or more, they appeared to recover completely. In no instance was Nothnagel able to obtain complete cerebral hemiplegia by means of his injection either in rabbits or in dogs.

By injections into other parts of the cortex of the brain, as in the white layers surrounding the cornu Ammonis, Nothnagel obtained marked deviation of the opposite forelimb, and slight deviation of the opposite hind limb inwards, and of the limbs of the side corresponding to the lesion outwards. The animal also performed the "mouvement de manége," or gyratory movement, towards the uninjured side. Injection into the lenticular nucleus constantly produced the above-described deviation of the limbs. Injection into the nucleus caudatus appeared for the first few minutes to be without effect, but soon the animal began to leap forward, the leaps succeeding one another faster and faster till, after some minutes, it dropped exhausted upon its side, the limbs still continuing to move rapidly. This region of the brain Nothnagel considers contains a nodus cursorius presiding over the leaping movements. Some other less definite experiments upon the pillars of the fornix are recorded; but it is perhaps sufficient to say, in conclusion, that the general result of these experiments shows that the anterior parts of the brain possess a certain influence over the motor powers.

WESTMINSTER HOSPITAL MEDICAL SCHOOL.

NUMEROUS changes have been made in this school, with a view to increase the efficiency of clinical and scientific teaching on the one hand, and to add to the convenience and advantages of the student on the other. Regular days have been fixed for the delivery of clinical lectures by the physicians and surgeons, and Dr. Basham, who very recently retired from the chair of Medicine, and Mr. Holthouse, who has this year retired from the chair of Surgery, have been elected special lecturers on clinical medicine and clinical surgery respectively. Occasional clinical lectures will also be given by Dr. Radcliffe and Mr. Barnard Holt, members of the consulting staff. Dr. Anstie, now physician to the hospital, occupies the chair of Medicine, and Mr. Pearse and Mr. Cowell, both surgeons to the hospital, divide the chairs of Surgery and Practical Surgery. These courses will consist of an equal number of lectures, and will be given in alternate sessions, the former being systematic, the latter arranged with the special view of exercising the students in practical details. Great facilities will be given for the study of practical physiology and histology. This subject has been placed under the charge of Dr. Allchin, who will meet the class on Wednesdays and Thursdays, from eleven to one during the winter session, and teach each student individually to make the experiments and prepare the specimens. Alterations and improvements are in progress so as to add to the comfort and convenience of the students in the dissecting-room. Dr. Dupré, the lecturer on chemistry, has undertaken to teach toxicology in the forensic medicine course, Dr. Potter giving the rest of the lectures, as also those on hygiene and public medicine. Dr. Allchin has been appointed to give the course on pathology and morbid anatomy, and thus the same lecturer will teach healthy and pathological histology. In addition to the present special courses, Mr. Bond will give a short summer course on diseases of the skin, and Dr. Anstie will hold a class for the study of electrical therapeutics.

The competitive examinations for the in-patients' clerkships and dresserships have been so arranged that industry and regularity will receive due consideration in the award, whilst the out-patients' appointments are conferred on every student. A few of the former have also been, on

certain conditions, thrown open to students of other hospitals on payment of a small fee.

Two entrance scholarships have been instituted of £20 and £10 a year each, tenable for two years. The examination will be held in September in Latin, mathematics, and French or German, the subjects being the same as at the June matriculation examination of the University of London of the same year. In addition to the scholarship in anatomy and physiology for second-year's men, an exhibition in anatomy and elementary physiology has been established for first-year's men. Mr. Cowell is the new dean of the school.

THE MEDICAL REGISTER.

OUR readers know that the Medical Council has lately resolved on measures to make the Medical Register more accurate. It must be allowed that there was need of such measures, and that the Register was far from being so accurate as so pretentious and important a document should be. There are constant changes tending to render the roll inaccurate. For one thing, a large number of medical men die annually. The Council receives information of 500 on an average, and we know that their information is by no means perfect. Medical men would seem to change their residence rather freely. In 1872, 3500 letters of inquiry were addressed to medical men in whose cases there was the least reason for doubting the correctness of the entries. The result was the correction of no less than 2000 addresses, and 600 letters were returned marked "dead," "not known," or "gone away, address not known." Henceforth letters of inquiry will be addressed annually to medical men concerning whose residence recent information is not possessed by the Council. It is not too much also to expect that the attention we now direct to the subject, and the letters of the Medical Council, will induce medical men to take a little more pains to intimate changes in their own residence. Not a few names have been removed from the Register in consequence of medical men not intimating changes of residence, and, consequently, not receiving the letters of inquiry addressed by the Council. It is true that these can always be restored on sufficient evidence of the continued existence of the registered practitioner, but this can only be done after a troublesome application, and in the meantime the practitioner whose name is erased loses all the legal privileges of registration. We need scarcely say that the correction of one's address in the Register is unattended with any expense.

ST. MARY'S HOSPITAL.

ON Wednesday afternoon last the annual distribution of prizes took place in the lecture-hall of the medical school. After the reading of a gratifying report on the condition of the school by Dr. Cheadle, the prizes and certificates of honour were distributed to the successful competitors in the examinations by Sir Dominic Corrigan, M.P. In the course of his address the worthy baronet remarked that it was a common practice on such occasions for the chairman to give a long and tedious lecture to the students in his audience on all the subjects they would be required to know, but he would deviate from this beaten path, and assure them that if they mastered one-hundredth part of what was detailed by these lecturers they would know more than he had ever known. Others spoke of preliminary education and the importance of possessing accurate knowledge of the fundamental sciences. These matters Sir Dominic said he would pass by, and give to them a few thoughts that had arisen in his mind in the course of a long professional career. The fact that of all men the members of the medical profession were pre-eminently seekers after truth had always afforded him consolation and support. Errors of judgment or observation may occur to any man, but an honest one will confess his errors when convinced by further investigation or otherwise of their fallacy. This he may safely do, for the medical profession is not, as is often ignorantly imagined, a jealous profession, but most liberal in its sentiments, and appreciates the candid renouncement of error as highly as the enunciation of the most important truths. It will, he said, be found a rule to which there are few exceptions, that the only trustworthy road to eminence is by diligence and hard work. Some men by a mere stroke of fortune may suddenly rise into popularity, but without the elements of hard work they will soon sink again into mediocrity. Sir Dominic regretted that, partly on account of the ignorance of legislators and partly owing to the apathy of medical men themselves, members of our profession are not a greater power in the State. In the House of Commons the profession is scantily represented, while in the Privy Council, where its varied knowledge, but particularly its special knowledge, would be a national gain, it has not one representative in the 250 members. This is the more to be lamented as the Privy Council is the high tribunal for all matters relating to sanitation and public health. After a vote of thanks, proposed by Dr. Handfield Jones, had been warmly accorded, the proceedings terminated.

CONSTANT WATER-SUPPLY.

IT would appear from what took place at the meeting last week of the Metropolitan Board of Works, that the question of a constant water-supply for the metropolis is shelved for an indefinite period. The Works and General Purposes Committee of the Board have had their attention directed to a statement made not long since in the House of Commons by Mr. Stansfeld (upon which we have already commented) in reference to the Board's action in this matter. The explanation of the Committee is, that ever since February they have been endeavouring to obtain an interview with the Prime Minister without avail, the great pressure of other affairs upon Mr. Gladstone's attention having precluded him from complying with the wish of the Committee for a personal discussion of the steps requisite to be taken to give London the benefit of a constant water-service. For whatever reason, the Committee seems to have determined that they would have no dealings with the Local Government Board upon the subject, notwithstanding that is the department to which water-supply matters now belong. They would go to the fountain head or nowhere. Their view is that, having acquainted the Prime Minister with the fact that the legislation of 1871 has proved a failure, and that they desire to suggest to him how the error should be corrected, they have nothing further to do but to await his pleasure. At any rate they have advised, and their advice has been adopted, that it does not rest with the Board to initiate any communication with the Local Government Board in reference to Mr. Stansfeld's remarks, so no action is to be taken thereupon. A member of the Board observed that the only intimation the Board had of the question and answer in Parliament was derived from the newspapers. "How not to do it" is thus exemplified as the principle upon which a matter of the greatest importance to the metropolis has been dealt with all round. Common-sense people, free from red-tape traditions, will naturally ask why the Metropolitan Board of Works should have insisted on going to Mr. Gladstone evidently against his will, for it is absurd to suppose that he could not have spared an hour since last February had he been so minded; and why, moreover, Mr. Stansfeld, as the Minister charged

with the public-health administration of which water-supply forms an essential part, should have held aloof from the endeavour which he might have made months ago to remedy legislative defects that must have been as patent to him as they have long been to everybody else. But the metropolitan public are long-suffering, and will no doubt tolerate neglect until some catastrophe occurs which will compel them to hang somebody.

M. DE WECKER'S OPHTHALMIC CLINIQUE.

DR. GEORGES MARTIN'S statistical abstract of the operations practised by M. de Wecker in 1872 furnishes the following particulars:—

Of 252 cataracts operated upon, 217 were simple senile; for these he used a peripheral incision, combined with an iridectomy. This operation he describes with much minuteness, and considers it far superior, both as shown by the proportion of recoveries and the amount of vision it yields, to any other. He states that last year his experience of it only gave seven complete failures, whilst, when suited with spectacles, in 19 instances the acuteness of vision was normal; in 58 it equalled $\frac{2}{3}$; in 49, $\frac{1}{2}$; in 69, $\frac{2}{5}$; in 17, $\frac{1}{3}$; and in 10, $\frac{1}{10}$. It was necessary, on account of astigmatism, to employ cylindrical glasses in forty cases to obtain these results. Twenty-five immature cataracts were operated upon, and in all, the lens with its cortical matter was readily evacuated, a rapid recovery ensuing, and the vision proving superior to that usually obtained after the removal of a totally opaque cataract. Fourteen cases which occurred in the previous year had led him to make the same observation regarding immature cataracts. Last year five, and in the previous year seven, of his cataract patients were diabetic, yet in all these the operation had terminated happily, so that the importance of the presence of diabetes must not be over-estimated in weighing the *pros* and *cons* of an operation for cataract. In cases of double senile cataract he operates on both at one sitting, in order to shorten the confinement to bed; as in the case of one old man aged seventy-two, a pneumonic attack, from passive congestion of the lungs, proved fatal during the progress of the second operation, which had been performed five days after the first. Escape of vitreous occurred in twelve cases, thrice preceding, and nine times following, the extraction of the lens. This accident, which almost always depended upon some movement of the patient, scarcely influenced the results of the operation.

M. de Wecker recommends that if, at the second dressing, which usually is done some twenty-four hours after the operation, an increased conjunctival secretion is noticed, the segment of the cornea which contains the wound is of a greyish tint, the aqueous is not perfectly clear, or the conjunctival wound presents the slightest tumefaction, then a solution of hydrochlorate of quinine (forty centigrammes to sixty grammes of distilled water) should be prescribed. With this preparation, dropped from above, the wound is to be carefully cleansed every hour. The dressing concluded, a drop of the solution of atropine must be placed between the lids, upon which a compress saturated with the solution of quinine is to be constantly applied. This treatment must be interrupted only at night for some six hours. This application, which was recommended by Professor Nagel for the inflammatory complications which attend certain operations, is said by Wecker often to save an eye threatened with panophthalmitis, and if it fail to accomplish this, it has the great advantage that the destruction of the eye is not accompanied by agonising suffering and by almost complete atrophy of the organ.

Of 157 iridectomies, 56 were for optical, and the remainder for antiphlogistic purposes.

M. de Wecker has only tried "neurotomy" in two cases of neuro-retinitis, and in these the inflammation was too far advanced to admit of hope that the nerve function could be restored. He says it is necessary, in order to judge of the treatment, to meet with cases in that period of the disease when one would be authorised to interfere in the course of the intensity of the general symptoms. This operation for opening the sheath of the optic nerve immediately behind the globe of the eye was suggested to Wecker by the works of Schwalbe and H. Schmidt, which prove the communication of the arachnoidian space with the coverings of the optic nerve. Its execution is not difficult, and it at least relieves suffering.

Though Wecker has tattooed the cornea for the last three years, he has met with no corroboration of the statements of MM. Rava and Reuss concerning the operation, and quotes Adler's case, in which an irritable cicatrix, subject to become at regular intervals the seat of very painful vascular keratitis, became completely indolent after the operation, and, having continued so for upwards of a year, is presumed to be permanently cured.

HEALTH OFFICERS' DISTRICTS.

DR. RUMSEY'S address to the Gloucestershire branch of the British Medical Association on the working of the Public Health Acts is a heavy shot fired into that already waterlogged craft, the Local Government Board. Upon the general question of sanitary organisation, as it is now either existent or in course of creation, it seems impossible for any unprejudiced person to follow Dr. Rumsey's criticism without being convinced that sooner or later the whole question will have to be reconsidered, and that many steps taken will have to be retraced before our public health administration is got into the right groove for efficient working. But the main point of the address—that which gives it a peculiar importance at the present moment—has reference to the areas which have been adopted as the sanitary units, and especially to those "wild and shifty schemes of combination" which have been sanctioned by the Local Government Board as the outcome of its latest ideas upon public health matters. Will it be believed that, at a time when Mr. Stansfeld is presiding over a Parliamentary Committee appointed for the express purpose of considering the practicability of simplifying and consolidating that chaotic mass of conflicting jurisdictions and intermixed areas, against which the English census authorities have recently so energetically lifted up their voices, the Local Government Board is going on creating new administrative areas which are open to as grave objection as any that were previously in existence? In the first place, the cutting up of unions into urban and rural parts, under distinct supervision for sanitary purposes, must lead to the utmost difficulty in the preparation of those statistical returns without which a health officer cannot possibly do his work satisfactorily. The registration of births and deaths is based on a sub-district arrangement of entire unions, and has no reference whatever to urban and rural subdivisions. It is therefore plain that if the new health districts are adhered to, the registration arrangements must be altered to suit them; but we have nowhere gathered the faintest hint that this necessity is recognised at head quarters. Then what can be more anomalous than that while there is a growing consensus of opinion in favour of consolidating local administration within county boundaries, the Local Government Board should be deliberately setting the county boundaries at defiance, by the formation of health districts which take parts of two counties, or even, as in Mr. Haviland's case, of four counties? Dr. Rumsey's survey of the present state of affairs suggests to him the possibility that

the Government may have "promoted this embroilment as a great national experiment to be tried at the cost and inconvenience of the several localities in order to obtain data for a future orderly reconstruction of the system." This would be "doing evil that good may come," with a vengeance, truly. We account for what we see on a simpler hypothesis—namely, that we are witnessing the effects of an endeavour, an honest endeavour it may be, to build up a sanitary system by amateurs who have unfortunately no knowledge of the subject they are dealing with, and who appear to think that good intentions will compensate for an utter lack of experience.

CHEST MEASUREMENT OF RECRUITS.

THE revelation made by Mr. Cardwell in the House of Commons, in answer to Sir J. Pakington, was a damaging one, and that by the Duke of Richmond, in the House of Lords, still more so. The truth is that recruits are daily becoming scarcer. The army fails to attract young men in competition with other walks of life; and the short service system, without pension, is apparently very unpopular. Complaints have been very common among medical and other officers as to the quality of the recruits enlisted of late years; and we know that, spite of all that is said to the contrary, officers in India especially complain of the amount of sickness and ineffectiveness that results from the drafts of immature and weakly men forwarded to that country. Many men have been enlisted under the prescribed standard of chest measurement; but the required special permission of the Commander-in-Chief not having been obtained, the commanding officers were simply told that the men under the requisite standard must be included among the number of those that reached it. The deception that has been practised has been found out and exposed, and the discredit rests with those who gave the officers commanding regiments such instructions. Of course, if the Government wants a superior class of men, they must pay for them; still, our system of recruiting has never been a good one, and the medical officers engaged on that duty, for example, have often been made the victims of the policy adopted by the Government for the time being. At one time they are threatened with the infliction of a pecuniary fine for passing recruits with any physical defect, at another they are told that the interests of the service are sacrificed by the unnecessary objections raised by the examining medical officers. The military authorities are supposed to be responsible for the chest measurement of the men enlisted, but very little dependence can be placed on these measurements. Whatever the British army may be at present, with the sliding-scale adopted by the authorities in their several recruit regulations, we may well view with dismay the army that will have to fight at the future "Battle of Dorking."

THE SANITARY STATE OF DONCASTER.

DR. THORNE THORNE has been holding, for the Local Government Board, an inquiry into the sanitary state of Doncaster. His report, recently published in the local journals, reveals an astonishing state of things for so reputable a town. Since 1851 Doncaster has had abundant powers entrusted to it for the removal of sanitary evils—powers given after an inquiry made by the General Board of Health, which placed it in a position of knowing clearly what it had chiefly to do. Dr. Thorne Thorne's report is instructive to outsiders, as showing to what use these powers have been put, and how the population, for whose benefit they were intended, have profited by them. And, first, it would seem that the health of the place, as measured by its mortality, has undergone no improvement during the past twenty years; and, next, that in respect to "fevers" and to infants, it has probably become worse. These results might, indeed, have been inferred without the careful examination of mortality statistics which Dr. Thorne Thorne has made; for it would appear, to limit ourselves to the two most important points in his report, that in regard to water-supply, Doncaster is now in a worse state, and in respect to the disposal of filth in certainly no better state, than it was twenty years ago. In 1850 Mr. Ranger, for the General Board of Health, condemned the use of water from the Don for domestic purposes. In 1873 this water is still used, unfiltered, although it receives enormously augmented quantities of sewage from the population on the banks of the river above Doncaster. Water is obtained also from some 200 wells, sunk, in common with cesspools and middensteads, into the porous strata beneath the town. Doncaster has certainly been sewered, but, as a rule, it does not apply its sewers to the removal of the most dangerous filth. The town, in fact, retains its old-fashioned privies and middensteads, with all their nastiness and nuisance. In short, Doncaster, like many other towns, has exercised its powers to bring about certain superficial improvements—improvements chiefly to the eye,—and has left the most crying evils not merely untouched, but has permitted them practically to become more mischievous than they were twenty years ago. It seems a satire upon local government for Dr. Thorne Thorne to be gravely urging upon Doncaster in 1873 to do things for its sanitary welfare which Doncaster received the powers specially to carry out in 1851.

THE LADY MEDICAL STUDENTS.

JUDGMENT has proved adverse to the lady students at Edinburgh on their appeal to the Court of Session. The tribunal was a very competent one, and the arguments *pro* and *con.* were reviewed with clearness and impartiality. Three of the judges hold, or have held, high office in the Universities of Scotland, while seven others have taken an active part in academical administration. Our readers will remember that some three years ago the University Court issued regulations under which ladies might be admitted as medical students. Accordingly Miss Jex Blake and six others matriculated after the usual examination; were enrolled as students; and attended the classes which qualify for the first course. A number of the professors, however, in their professorial capacity, and as members of the Senatus Academicus, declined to teach the ladies any further, or to admit them to graduation. After a good deal of platform and newspaper controversy, the ladies called upon the Chancellor and Senatus to defend their procedure before Lord Ordinary Gifford. His lordship pronounced in favour of the appellants; but his decision has been reversed by the second division, after consulting the other judges. Out of the twelve judges, five were in the appellants' favour—a fact which, it is said, will tempt the ladies to appeal to the House of Lords. It seems difficult, however, to get rid of the argument that the original constitution of the university did not contemplate the admission of ladies, either to studentship or to graduation. The remedy open to the ladies is surely a sufficiently obvious one. Let them devote the ample funds they have at their disposal, not to fruitless and vexatious litigation, but to the founding of a college of their own, where they may prosecute their medical studies, and qualify for such practice in the diseases of women and children as they may prove fit for. Society will respect them the more, and even recognise their claims as qualified nurses and accoucheuses the sooner, if they retire from a useless and not very feminine contest, and seek the attainment of their ambition by means at once legitimate and easy.

EXAMINERS AT THE COLLEGE OF SURGEONS.

THE election of two examiners in place of the late Mr. Partridge and Mr. Lane, on Tuesday last, resulted in the choice of Mr. Marshall, F.R.S., and Mr. Holmes, to fill the vacancies. We congratulate the Council of the College of Surgeons on having thus elected two examiners from without their own body, since this is an evidence that the majority of the Council are prepared to disregard private interests in favour of special aptitude for the post of examiner. Mr. Marshall, as Professor of Surgery in University College, must necessarily be thoroughly up to the most modern doctrines and practice of surgery, whilst his anatomical and physiological labours show him to be equally conversant with the subjects of the primary examinations. Mr. Holmes is also a teacher of surgery, and surgeon to St. George's Hospital, besides filling at the present moment the Professorship of Surgery in the College of Surgeons. As the editor of Gray's well-known manual of Anatomy, he also has shown his acquaintance with anatomical and physiological details. We congratulate both gentlemen on their accession to office, the duties of which are both onerous and responsible.

THE FALL OF KHIVA.

IT appears to be pretty certain, after many premature reports, that Khiva has at last fallen; and the next question that arises, and a very important one it is for this country, is, what are they going to do with it? The Russians have unquestionably increased their military *prestige* by this expedition, which was a very difficult undertaking on account of the natural obstacles that had to be overcome, and not from any difficulties in vanquishing the Khivese forces, for the actual fighting seems to have been on a very limited scale. The climate is a bad one, and the troops must have suffered greatly from the heat and want of water. One column, we are told, lost sixty men from sunstroke, and had to retreat; but, spite of the adventurous correspondents belonging to several journals, we know very little of the actual health condition of the Russian forces. We have yet to learn the equipment of the Russians, the distances marched, the commissariat and transport arrangements that were made, and the sanitary precautions taken. Some official information on these points would afford very valuable data for our own guidance in future. It seems, at any rate, that the Russians have been fortunate in escaping any epidemic disease, such as cholera; and it remains to be seen whether their good luck will continue during their occupation of the conquered places, and whether, if they keep their word, the expeditionary army will find their return equally successful.

INFLUENCE OF EDUCATION ON THE SIZE OF THE HEAD.

M. PAUL BROCA, in a communication read before the Société d'Anthropologie de Paris, publishes a series of researches he made some years ago upon the relative size of the heads of the infirmiers and of the internes of the Bicêtre. He gives a series of comparative measurements, which he contrasts with those obtained some years ago by Parchappe; and he believes he has demonstrated that, on the one hand, the cultivation of the mind and intellectual work augment the size of the brain, and, on the other hand, that this increase chiefly affects the anterior lobes, which he regards as being the seat of the highest faculties of the mind. Education, he remarks, does not only render man better and enable him to make the best use of the faculties with which he is endowed, but it possesses the wonderful power of making him superior to himself, of enlarging his brain, and perfecting its form. Those who insist that education should be given to all, have both social and national interest to support them; but if the brain really enlarges with education, there is an additional motive—the evolution and development of the human race.

VENTILATION OF LAW COURTS.

THE foul air in which our judges discharge their onerous duties is surely a scandal to our municipal administration. Not a single law court is properly ventilated; while the state of the Guildhall during these hot days has been such as to provoke from Mr. Justice Quain a threat to adjourn the court. In addition to the closeness of the air, the sun descends through a skylight with such power as to render *coup de soleil* a by no means unlikely contingency. "Extremely warm and unpleasant at the moment of entering, after some minutes it was not voluntarily to be borne!" Redress, according to Mr. Justice Quain, is not to be had. "We complain from time to time," but the Corporation of London turns a deaf ear. Surely the fate of Mr. Justice Willes, accelerated as it doubtless was by the unwholesome conditions under which he exerted a highly susceptible brain, ought to have had some practical effect. But the *vis inertiæ* of the civic mind refuses to yield, and justice continues to be administered in an atmosphere compared with which that of a cowhouse is salubrious and sweet.

THE COLLEGE OF PHYSICIANS.

ON Wednesday evening last the Fellows of the Royal College of Physicians held their *conversazione* at the College. The attendance was very large, the halls and rooms being comfortably filled with the *distingués* of the profession, many of whom are worthy to be called veterans in medicine and its collateral sciences, and whose names carry the mind back to a period in the history of medicine that seems almost too remote to be connected with the present by men now living; and at about ten o'clock the Fellows were honoured with the presence of the brother-in-law of his Majesty the Shah of Persia, who was conducted round the rooms by Dr. Burrows, the President of the College, and shown the various scientific apparatus and works of art, with all of which he seemed greatly pleased. Earl Ross, and several of Her Majesty's judges were also present.

MR. ERICHSEN.

IT is a matter of general regret that Mr. Erichsen's state of health has been for some time such as to cause anxiety to his numerous professional friends. Mr. Erichsen was, we understand, somewhat out of health during the winter, and early in the spring he unfortunately wounded his finger, and had lymphatic inflammation with probably some degree of blood-poisoning. This completely prostrated him for the time, but he is now, we are glad to hear, considerably improved, though in the opinion of his colleagues, Sir William Jenner and Sir H. Thompson, it will be some time before he can resume his professional labours.

THE MEDICAL REFORM BILL.

THE Royal College of Physicians of Edinburgh and the Royal College of Surgeons of Edinburgh have jointly drawn out certain statements as reasons why Mr. Headlam's Bill to amend the Medical Act should not pass the second reading. The "statements" are very much in the form of the petition of the Edinburgh College of Surgeons, on which we have already commented. They laud the present licensing bodies, deprecate the "agitation in certain quarters" for medical reform, and set forth that little more is wanted

than for bodies in England and Ireland respectively to institute a conjoint board, after the fashion of the Scotch one, the diploma of which should not be more expensive than the Scotch joint diploma. The Edinburgh Colleges must know that there is absolutely no chance of the English and Irish bodies agreeing to give a diploma, the cost of which shall be sixteen guineas. Their other "statements" are not calculated to remove "the agitation in certain quarters," though we agree with the Colleges in thinking Mr. Headlam's Bill quite unworthy of a second reading.

NON-COLLEGIATE STUDENTS AT CAMBRIDGE.

THE Board for admitting and superintending non-collegiate students have lately made their report to the Senate of the University; from which it appears that the number of students thus admitted, which at first was small, has lately considerably increased. Several have attained distinction in the University or in the Colleges to which they have removed themselves; and several of the Colleges have liberally opened their lectures to them. The scheme has enabled the students to live very cheaply while enjoying the advantages of the University; indeed, several have assured the Censor that their whole expenditure in Cambridge was under £50 a year. It is the expense alone which deters many medical students from obtaining a University education; and it will be no small satisfaction to some of those who are anxious to avail themselves of the advantages which Cambridge affords to learn that they may be obtained so reasonably. The Rev. R. Somerset, Oxford House, Cambridge, is the Censor under whose superintendence the students are placed, and to whom application for information should be made.

ST. THOMAS'S HOSPITAL.

ON Wednesday last the Shah disappointed a great many by postponing his visit to St. Thomas's Hospital; but none more, we should think, than those sisters and nurses who had spared no pains in decorating their wards for the occasion. It was not until within half an hour of the time arranged for the arrival of the Shah that a message reached Sir Francis Hicks putting off the appointment until 4 P.M. on Friday, the 4th.

A testimonial, in the form of a microscope, is to be presented to Mr. W. Anderson, who has been Demonstrator of Anatomy at St. Thomas's, which office he now vacates to start for Jeddo, where he has been appointed Professor of Medical Science. Mr. Anderson will take with him the best wishes of his pupils, for whose advancement he has been notoriously painstaking, though his abrupt departure may prevent the token of their appreciation being at all proportionate to the sentiment which prompted it.

SCURVY.

THE Medical Inspector of the Board of Trade has been directed to institute an inquiry into the circumstances attending an outbreak of scurvy on board a barque recently arrived at Falmouth from the Mauritius. It is stated that nearly half her crew were affected.

A conviction was recently obtained at Shanghai under the Duke of Richmond's Act, when the master of a British vessel called the *Kirkland* was heavily fined for neglecting to carry out the provisions of the Act with reference to lime-juice and other antiscorbutics, and for omitting to adopt the precautionary and preventive measures indicated in the authorised "Ship Guide." The judge is reported to have remarked that, as these directions were so plainly put, there was no possible excuse for failing to act in accordance with them.

DEATH UNDER METHYLENE ETHER.

ON Saturday last a patient on whom Mr. Lawson Tait was just about to perform ovariotomy, at the Birmingham Hospital for Women, died suddenly after the administration of five drachms of methylene ether. The anæsthetic was given through a single fold of a towel by the resident medical officer, and nothing noteworthy was observed during its administration. The pulse suddenly stopped, the pupils became dilated, and the respiration subsequently ceased. All efforts at restoration were fruitless. Post-mortem examination did not reveal the cause of death, the heart and all the other organs, except the ovary, being quite healthy. During life a bælenic murmur at the base had been detected, but, as there were no general symptoms in connexion with it, it was not considered of importance.

CHOLERA IN EUROPE.

THE reported appearance of cholera in some localities in the provinces of Trévise and Venice is stated in the official *Gazette* to be correct, and the number of cases from the 30th May last (the date of the first appearance of the disease) to June 21st is given as twenty-six. Of these twenty-four occurred in Trévise and two in Venice. As soon as the disease showed itself the Minister of the Interior instructed the local authorities to take all necessary precautions for preventing the spread of the malady, which is stated not to have made any recent progress. In Pesth forty-three cases and nine deaths are already recorded. Two cases of cholera (one fatal) are reported to have occurred among the slave population of Dantzig.

LYING-IN HOSPITAL AT JERUSALEM.

THE Lying-in Hospital at Jerusalem, established by the Baroness B. de Rothschild, is doing excellent work and proving a precious boon to the poverty-stricken inhabitants of the hallowed city. Dr. Loudon, the director of the institution, lately issued a report, from which we find that 120 females were relieved at the hospital during the past year; 48 of these were born in Jerusalem, 24 were Russian-born, and 19 came from various parts of Turkey. Each inmate on leaving receives a donation of ten francs and clothing for herself and child. The early period at which marriage is celebrated in Palestine is shown by the fact that two of the mothers were only fifteen years of age; three had reached sixteen years; five, seventeen years; nine, eighteen years; four, nineteen years; and fifteen had reached their twentieth year.

LAUDABLE MUNIFICENCE.

"PROFESSOR" HOLLOWAY, of pills and ointment renown, appears, by the following extract from *The Times*, to be devoting some portion of his enormous gains to philanthropic purposes:—

"A year ago it was announced that Mr. Thomas Holloway had decided to erect at his own cost, at an outlay of nearly £100,000, a building at Virginia Water for the reception of middle-class lunatics, where, at a moderate cost, the relatives of poor middle-class people could be received and cared for. The building, of great architectural beauty, is in course of erection. It has now transpired that Mr. Holloway has decided to erect two or more hospitals in the vicinity of London—one for the reception of incurables, a class in our midst peculiarly claiming the attention of the philanthropist; another for the reception of convalescents, who want bracing after long suffering before renewing their struggles in the world. The estimated cost of sites and buildings is put at £250,000. Mr. Holloway does not propose to endow the hospitals. He will erect and present the hospitals, but will leave to the philanthropic of this and future ages the duty of maintaining them. Mr. Hol-

loway has recently had an interview with Mr. and Mrs. Gladstone, at which he explained his intentions. Mr. Holloway desires to secure the best advice as to locality, the number of possible recipients, the best form of building, and requisites towards making them at once, architecturally, the most ornamental, and internally the most perfect in the kingdom. With this view letters have been addressed to medical and other authorities inviting a full expression of opinion."

MEDICAL RELIEF AT MANCHESTER.

THE Committee of the Medical Charities of Manchester and Salford have convened a public meeting for the 10th inst., when the following resolutions will be submitted:—

1. That as there is a large class of working people above the condition of pauperism, who, while unable to pay the ordinary medical fees, are yet well able to make small periodical payments for medicine and medical attendance, it is desirable to establish in Manchester and Salford, Provident Associations by which these cases may be provided for.

2. That the Committee of the Medical Charities be requested to draw up a scheme showing how the provident system may best be established in Manchester and Salford.

Sir Rutherford Alcock and Dr. J. Ford Anderson will attend as a deputation from the Charity Organisation Society of London. Representatives from Provident Dispensaries in London, Nottingham, Leicester, Coventry, and other places, will also be present.

KNIGHTSBRIDGE BARRACKS.

OUR readers will, no doubt, have remarked that the usual question has been asked, and the customary reply given, in regard to these barracks. Mr. Cardwell stated that it had long been in contemplation to remove the barracks from Knightsbridge. Various places had been proposed, but nothing had yet been decided upon by the Government. It is probable, if we read the signs of the times aright, that the Government will continue their contemplative mood until they cease to occupy their present seats, and find themselves criticising the actions of their opponents in office.

MR. GEORGE AUGUSTUS SALA.

WE have much pleasure in stating that Mr. G. A. Sala is at length completely restored to health, and in the full discharge of his professional duties. The erythematous affection has finally yielded to the local application of the styptic colloid and the use of faradisation; while the general system is in better condition that it has been for many years.

USURPING the respectable name of "Dr. George Burrows," Physician Extraordinary to her Majesty," some miscreant has spread a report that small-pox rages in the Bernese Oberland, notably in Thun, Interlacken, and the neighbouring towns. A more cruel hoax it would be difficult to find. In addition to Dr. Burrows' disclaimer of its authorship, the cantonal authorities of Berne, after careful investigation, announce that not a single case of small-pox could be traced anywhere.

CHINCHONA cultivation in Darjeeling is progressing favourably. Last year the Pomong garden, which is described as a commercial enterprise, yielded 36,000 lb. of dry bark, and this season it will produce 50,000 lb. A moderate estimate gives the produce of dry bark in the next three years at 200,000 lb., calculated to yield 6000 lb. of quinine, and 6000 lb. of other valuable alkaloids. "Fever-stricken Bengal," says *The Times* correspondent, "with its swamps and malaria, will hail the boon."

THE sanitary authorities of Greenwich, Limehouse, and Poplar have communicated officially with the Corporation of London, pointing out to the latter body, as the sanitary authority of the port, the urgent necessity for placing the river and the docks in the same position in health matters as is the rest of the metropolis, having regard to the fact that small-pox has recently been imported into the docks on both sides of the Thames, and that cholera is imminent.

IN view of a possible visitation of cholera in New York, Dr. James, the chief sanitary officer of the city, has issued some excellent instructions for the guidance of the inhabitants. On the vexed question of disinfectants he says: "The disinfectant which I have directed for present use is the old mixture which has proved so reliable on former occasions—viz., ten pounds of sulphate of iron, five gallons of water, and half a pint of common carbolic acid."

DR. BOTTINI, a physician of considerable repute practising near Mentone, lately met his death under singular circumstances. He was being driven over one of the passes of a mountain on his way to see a patient, when the horse slipped, and the carriage was precipitated into the ravine below. Dr. Bottini was killed; but a friend who travelled with him and the driver of the vehicle, although greatly injured, are expected to recover.

THE new drainage arrangements for Windsor Castle are now complete. The total cost of the works and engines is over £40,000. The Windsor Local Board was summoned last week by the Thames Conservators for passing the sewage of the borough into the river, but in consequence of the difficulty experienced in procuring the necessary land for the reception of the sewage, the case was adjourned for a month.

AT the sitting of the Select Committee on Noxious Businesses on Tuesday last, Colonel Hogg, M.P., chairman of the Metropolitan Board of Works, gave evidence in favour of maintaining private slaughter-houses, and expressed his opinion that if public *abattoirs* were forced upon the metropolitan butchers, the result would be to still further increase the price of meat.

AT a meeting of the Council of Queen's College, Birmingham, held on Friday last (27th ult.), to consider a memorial from the Ladies' Association for the Promotion of the Medical Education of Women, a resolution was unanimously agreed to sustaining the previous adverse decision of the Council in reference to the admission of lady students to Queen's College.

WE learn from the proceedings of a late meeting of the Metropolitan Asylums Board that a plot of ground has been secured by the Board near the Old Kent-road to serve as a site for temporary hospital buildings in case of emergency. It is gratifying to find the Board acting with so much judicious foresight.

DR. FRANKLAND reports that the water supplied during the past month by the metropolitan water companies was clear when drawn from the mains. The evidence of sewage contamination is greatly reduced in the water supplied by the West Middlesex, Southwark and Vauxhall, and East London Companies.

A PARLIAMENTARY return has just been issued on the various methods employed in the disposal of sewage. Fifty-four local bodies have adopted filtration, thirty precipitate the sewage, and in forty-two cases it is dealt with by the sewage farms.

IT is proposed to place a memorial portrait of Mr. Erasmus Wilson in the library of Epsom College on the occasion of opening the new master's house erected at Mr. Wilson's expense, and a committee of influential gentlemen has been appointed for carrying out the project. The estimated cost of the portrait is £300, towards which subscriptions of one guinea are solicited.

THE University of North Carolina has conferred the honorary degree of LL.D. on Dr. E. S. Gaillard, Dean of the Faculty of Louisville Medical College, and editor of the *Richmond and Louisville Medical Journal*.

PROFESSOR AGASSIZ and our eminent *confrère* Dr. Brown-Séquard are organising a laboratory for physiological experiments, in connexion with the Anderson School of Natural History, on Penikese Island, America.

BY the latest accounts malarious diseases continue to be very rife at the Mauritius, and several deaths had occurred from these causes. The condition of the public health was considered unfavourable.

WE are glad to observe that Mr. Boyd, medical officer of the Durham Workhouse, vigorously protested against a late attempt to restrict the use of stimulants in the workhouse.

WE understand that Mr. Jonathan Hutchinson has sent in his resignation as surgeon of the London Hospital, a post he has held for the last ten years.

HER Royal Highness the Princess Louise lately paid a visit to the Royal Hospital for Diseases of the Chest, City-road.

IN consequence of the appearance of cholera at Venice, passengers for India or Egypt are advised to avoid that city.

PAYMENT OF MEDICAL FEES IN COURTS OF LAW.

(*Before* Mr. Justice QUAIN *and a Common Jury.*)

MASKERRY *v.* O'CONNOR.

A QUESTION of some interest to the medical profession was raised during the trial of this case at the Court of Queen's Bench on the 30th ult. The plaintiff, who, being only seven years old, appeared by her father, claimed compensation for personal injuries alleged to have been sustained in consequence of the negligence of the defendant's servant, who ran over her with a horse and van.

Dr. Percy Leslie, of Marchmont-street, Westminster, on being called to prove the nature of the injuries, declined to give evidence unless his medical fees were paid. He said that he had no objection, personally, to forego them; but medical men had been advised by the medical journals, when summoned as witnesses, to insist on their fees being paid before giving evidence for the sake of the profession. It appeared that Dr. Leslie had only been served with a subpœna.

Mr. Justice QUAIN said that Dr. Leslie was entitled to a shilling on his subpœna.

A shilling was then tendered to him. Dr. Leslie still declined to give evidence until either his expenses were paid or an undertaking given him for their payment.

His Lordship ruled that, as Dr. Leslie resided within the Bills of Mortality, all that he was entitled to was the shilling on his subpœna.

Dr. Leslie then produced a report of a case in THE LANCET, in which a medical gentleman had successfully insisted on his fees being paid; but it appeared that he did not reside within the Bills of Mortality. Dr. Leslie was accordingly sworn.

Mr. Warner Sleigh appeared for the plaintiff; the defendant appeared in person.

The jury returned a verdict for the plaintiff—damages £5. His Lordship refused to certify for costs.

*** Hard as the above ruling may seem, there is no doubt that it is in accordance with decided cases and good law; but the rule would be the other way where a witness has to come from a distance and outside the Bills of Mortality. —ED. L.

FOREIGN MEDICAL INTELLIGENCE.

A REPORT had got abroad in Paris that Dr. Nélaton was suffering from extreme illness, and that his condition gave his friends great uneasiness. We are glad to be able to state that this rumour is without foundation. The illustrious surgeon, who has been suffering for some time from disease of the heart, is now in the country with some friends, and seems, on the contrary, to have benefited much by the change of air.

The Italian Senate has just adopted the article of the new sanitary code of laws which provides for the families of medical men who are carried off during epidemics in the exercise of their professional duties.

On the 16th inst. there was a general meeting of the French Society for Help to the Wounded. A report was presented on the use which had been made during the last war of the Society's finances, and was ratified by a unanimous vote. At the same meeting two new members were elected to the Council of the Society, Commissariat-General Wolf, and Dr. Cazalas, President of the Army Council of Health. The proceedings of the day ended in a vote of thanks to the French and foreign medical men who had assisted the Society during the war, as also to the committee of ladies whose active co-operation had been so eminently useful and effective.

The *Imparziale* of Florence mentions that the embalming of the illustrious poet Manzoni was performed by the municipal doctors by means of injections and washes with a hydro-alcoholic solution of chloride of zinc, and was eminently successful, thus affording the seventy thousand people who visited the remains of the poet the satisfaction of witnessing again his sympathetic countenance.

The Paris Society of Temperance met a few days ago, under the presidency of M. Hippolyte Passy, the well-known economist. The most remarkable feature of the day's proceeding was a scheme proposed by Dr. Baillarger, head physician to La Salpétrière Hospital, for establishing co-operative societies throughout the country for the purpose of furnishing workmen and the poorer classes generally with wine, sugar, coffee, and tea at reduced prices, so as to discourage the habit of drinking strong spirits. One of the medical journals of Paris, the *Progrès Médical*, mentions, in connexion with the above proposition, that Professor Lasegue, in his recent lectures on alcoholism at the School of Medicine, had shown that chronic alcoholism was most frequent among the *petits bourgeois* (small shopkeepers, &c.), who had the habit of tippling. It was a kind of *decent* alcoholism, and the inmates of lunatic asylums mainly belonged to that class of people.

At the last meeting of the Paris Academy of Medicine, M. Colin related various experiments he had performed with the result of showing that tuberculosis cannot be inoculated. Tubercular matter, he said, is not absorbed by the derm and mucous membrane when denuded. As to Villemin's results, M. Colin stated that he was able to show that the consecutive phenomena were metastatic *foci* formed by the matter injected into the cellular tissue. He concluded that the flesh of tuberculous animals was quite free from danger when ingested.

At the same meeting Dr. Fauvel read a paper on typhus to support Prof. Bouchardat's views against those of Prof. Chauffard. He contended that typhus was caused by a miasmatic principle, which formed in large gatherings of ill-fed men and scorbutic sufferers; that it was not transported but when it daily increased in intensity and gravity.

It is reported that the committee appointed by the Paris Academy of Medicine to decide on a question sent in by

Government, "whether army pharmaciens are to be made subordinate to army surgeons, or continue to exist as a distinct and separate body," is in the greatest trouble as to what answer to give. Several of the members of the committee are army pharmaciens and surgeons, and probably the debates will be very warm before a conclusion is arrived at on this delicate question.

The German faculty of Strasburg numbers for this year 472 students, 128 of whom are students of medicine; only two are French.

Correspondence.

"Audi alteram partem."

CONVALESCENCE IN TYPHOID FEVER.

To the Editor of THE LANCET.

SIR,—The interesting case of typhoid perforation reported in last week's LANCET from the Bristol Royal Infirmary has an important bearing on the question—When is a patient convalescent from an attack of typhoid fever? The only satisfactory answer, in my opinion, is after the morning and evening temperatures, and especially the latter, on *at least* two successive days have remained about the normal point, or between 98° and 99° F. In Dr. Brittan's case the temperatures varied from 98° to 100°, not being higher than 100·6°. The daily variations are not given, but it would be instructive to know whether before the collapse on the 23rd the patient's temperature on at least two successive days at 8 A.M. and 6 P.M. had remained between 98° and 99°. Two years ago (THE LANCET, July 15th, 1871, p. 82) I referred to cases where, after all the general symptoms of typhoid fever had passed away, considerable hæmorrhage took place from the bowels, and I also stated that during the period of defervescence "the patient's tongue may be clean and moist, the appetite ravenous, the patient crying out for food, and the typhoid ulcers still unhealed. The thermometer alone will tell us this; it will probably show at this stage an evening temperature of about 101° F., with a morning temperature 1·6° to 2° lower, and a mutton chop might now be sufficient to induce fresh irritation of the intestinal ulcers, fatal hæmorrhage, or perforation. *It is only after the evening temperature has remained on at least two successive days below 99° F. that we can be sure the ulcers have healed*, and that solid food may be given without risk."

During the last three years I have seen no instance of a relapse after this condition has been reached. I have seen some relapses where the precaution with regard to food was not observed. I have seen other cases where, in spite of solid food being given before a normal evening temperature was reached, the patient recovered; but that is no argument against the truth of the rule. And if taking solid food before the intestinal ulcers are healed may possibly, though not invariably, give rise to increased fever, fresh ulceration, or even perforation, it is surely not justifiable to allow the patient to take it until all uncertainty with regard to the condition of his intestines is at an end.

In Dr. Brittan's case there seems to have been no distinct evidence before the post-mortem that the patient was suffering from typhoid fever, and no statement is made respecting the diet, so that the rule may not be applicable to his case; but where we know that a patient is suffering from typhoid, or where we have only a suspicion of the existence of the disease, the above rule is, I believe, an important one. I therefore make no apology for again calling attention to it, and asking clinical observers generally whether it can be negatived or affirmed.

I am, Sir, yours, &c.,

Cambridge, July 1st, 1873. P. W. LATHAM.

EARTH AS A SURGICAL APPLICATION.

To the Editor of THE LANCET.

SIR,—Since 1870 I have repeatedly tried earth as a surgical dressing, the hint being taken from an American source.

The first experiment was on an obstinate ulcer of the matrix of the great-toe nail, which resisted every remedy that could be thought of, but soon healed under poultices of common earth, consisting of disintegrated ferruginous sandstone—i.e., silica, from the vicinity of Simon's Bay. Under the same application the cicatrisation of ordinary ulcers, wounds, boils, &c., was equally favourable and rapid, as was the resolution of erythema of the skin. On the other hand, however, the dark loamy soil obtained from the heights above the Ladder-hill at St. Helena, consisting of disintegrated volcanic (basaltic) rock mixed with vegetable débris, chiefly of the cactus, was less curative. Still more unsatisfactory as a dressing was some light-grey volcanic clay (alumina) procured from Green Mountain, Ascension, which appeared to do little good, if it did not actually retard healing; while Bermuda coral soil or sand (carl-lime and magnesia mixed with animal matter) was the reverse of beneficial, inasmuch as, like live coral, it caused irritation and inflammation in the sores to which it was applied. The dried and finely sifted earth was used either in the form of poultice, or thinly spread ointment-wise on calico, or simply sprinkled over the sore.

It is thus evident that some varieties of earth only are sanatory. The noxious are such as contain semi-decomposed animal or vegetable matter, while the curative are chiefly mineral in composition, sufficiently porous to act like powders, sand, and dust generally, as a storehouse for the absorption and condensation in their interstices of the best of all disinfectants, air and oxygen, by which discharges from the sore are chemically and vitally altered, thereby rendered less irritant and less adverse to granulation, and yet of such close texture as to keep out those animal and vegetable germs which float in almost all air, ready to settle, germinate in, and irritate such open surfaces.

Certain mineral matters and earths are doubtless more salutary than others. Hospital practice affords the best opportunities for determining the relative curative capabilities of the different kinds of earth in the different varieties of lesion, and perhaps congestion, of the cutaneous and mucous surfaces.

I am, Sir, yours obediently,

ALEX. RATTRAY, M.D., R.N.

H.M.S. Britannia, Dartmouth, June 24th, 1873.

LEPROSY: IS IT PROPAGATED BY CONTAGION OR BY LACTATION?

To the Editor of THE LANCET.

SIR,—As the subject of leprosy is exciting at the present time a good deal of interest in the profession, the following extract from the last report of the Medical Superintendent of the Asylum in Trinidad, dated March 31st, will probably be acceptable to many of your readers. Dr. Espinet has paid much attention for several years to the investigation of the disease, and the number of patients under his care at the asylum is generally from ninety to a hundred. After alluding to the "numerous proofs in his former reports as to the non-contagiousness of leprosy," he narrates the case of a negro boy who, having been admitted in August, 1865, by his predecessor, with no other symptom except some slightly discoloured, but not anæsthetic, spots on the face, continued to be for several years an inmate of the asylum, although his case was clearly not leprous.

Your obedient servant,

Richmond, S.W., June 28th, 1873. GAVIN MILROY, M.D.

[EXTRACT.]

"It was evident to me, after the examination I had instituted, that the boy Hubert Philip was not a leper, and I accordingly directed that he should be discharged. This, indeed, I would have done in the year 1870; but, having been informed that he was an orphan and homeless, and that he had been admitted more upon that ground than for the very dubious signs of leprosy he then exhibited, I determined to keep him in the asylum till I had procured him a situation outside. This he himself succeeded in doing, and is now learning the trade of a carpenter in Port-of-Spain. This lad, then, admitted to the asylum in the year 1865, and discharged in the year 1871, was altogether six years an inmate. During those six years he walked about barefooted, bathed in the same baths as the others, drank out of their cups, and his principal occupation was to wash the soiled

ulcer bandages. Now, it can scarcely be supposed that, during these six years, the boy had not had some cut or abraded skin about the body, which must have come into contact with leprous matter and have contaminated his system, if leprosy had really been inoculable. Other nearly similar, and in some respects more striking, cases I could bring forward in proof of the uninoculability of leprosy, but I fear that by doing so I should exceed much the limits of a general annual report. I cannot, however, dismiss this subject altogether without remarking on a couple of paragraphs in one of three lectures on leprosy delivered before the Royal College of Surgeons, London, by Professor Wilson (THE LANCET, Feb. 15th, 1873). In that lecture the Professor expresses the opinion 'that in its endemic haunts a special poison may be exhaled from the leper which might convey infection to others, and he thought that the disease might possibly be given to a child from a nurse through the lung exhalations or through the breast-milk. He thought that in the case of physicians long resident in leper asylums, who became attacked by the disease, the occurrence of the latter was to be attributed to their constantly breathing the air infected by exhalations given off by the leprous.'

"The case of the lad, however, I have just related, who was six years an inmate of the asylum, who slept in the wards, and breathed the close, deteriorated air exhaled from the lungs, skin, and excreta of the patients without contracting leprosy, leads to a conclusion altogether opposed to that arrived at by Mr. Wilson. Neither do the records of the asylum, from its opening in the year 1841 to the present time, show that a single member of the staff, any nurse or *employé*, has ever contracted leprosy, although most of them have been attached for several years to the institution. As regards physicians long resident in leper asylums becoming attacked by leprosy, I do not know of a single instance, though, if any have been so attacked, I should be much more disposed to ascribe its occurrence to hereditary taint than to contagion or infection.

"Is leprosy susceptible of being given to a child from a nurse through the lung exhalations or through the breast-milk? I do not think that it can be so communicated, and for such reasons as the following:—

"I know at this moment three children born of leprous parents, one three years of age, another seven, and the third ten years old, all three nursed by their own mothers, and not one of them has leprosy. The mother of the youngest lives near the asylum, and is a washer to the institution. She every morning carries her child with her to the asylum. The little fellow, being a great pet of the inmates, plays about with them, sits in their laps, rolls on the floor, and his body is frequently daubed over with their poultices. I have often stripped him of his shirt, which is his only dress, to examine his skin. It is quite healthy and stainless; his body is well nourished, and his limbs are firm. If leprosy be communicable, then, from the mother to the child through lung exhalations or through the breast-milk, how is it that these three children, already hereditarily predisposed, have not contracted leprosy? Will it be said that the disease is still latent, is maturing or incubating, and that it will ultimately show itself? What, then, may I ask, is the period of incubation of leprosy? Admitting that the disease does afterwards manifest itself, as is probable, will it not be more logical to ascribe its development to hereditariness rather than to the maternal breast-milk? Professor Wilson, after expressing his opinion as above quoted, guards himself by saying finally, that the disease was not contagious in the absence of favouring condition of climate."

LIFE ASSURANCE AND SICK ALLOWANCE.

To the Editor of THE LANCET.

SIR,—At a meeting of the Board of Directors of the British Provident Life and Guarantee Association, held this day, it was unanimously resolved that the "new feature for medical men" should be kept separate from our other business. We also propose putting by 50 per cent. of the nett premiums as a guarantee fund, to be invested in the names of two members of the profession, one to be selected by the board, the other by the assured. This plan will, I trust, be some proof of our *bona fides* in the matter. The liberality of one member of our board has placed ample funds at our disposal to enable us to work out what we all admit to be an experiment. We have counted the cost. We decline all fees until success is assured. Under these circumstances, with a little support from even a tenth of the profession, we are satisfied that we shall be leading no forlorn hope, but be surely laying the foundation of a society which will alleviate much distress, afford reliable data relative to the ailments of our calling, and yield a fair interest for the capital invested.

I enclose the tables, and am, Sir, yours &c.,

HENRY G. TREND, L.R.C.P. ED., &c.

Petherton-road, Highbury New-park, June 24th, 1873.

To the Editor of THE LANCET.

SIR,—I have been much interested of late in the correspondence which has appeared in your columns relative to the establishment of a Medical Provident Society. While, however, this question is being discussed by those who are at present taking a more active part in the matter, might I ask space to offer a scheme (extracted from a little pamphlet I published last summer on Medical Ethics, &c.), which, although open perhaps to much criticism, may nevertheless afford suggestions on points not hitherto entertained.

The system upon which the Indian Military Fund is carried out appears to be that which would have best suited our own requirements, only that in the former case all branches of the service are included, and the subscriptions compulsory. This being, however, altogether beyond us, I fall back upon my own scheme—viz., the formation of a British Medical Banking Company, with a paid up capital from subscriptions of *not less* than £5, to which every member of the profession should be invited to contribute, and which should be immediately invested in Government or other good securities. This arrangement would, of course, imply a transfer of all present banking accounts to the new company.

In *The Times* of August 6th, of last year, an account was given of a paper read by Mr. William Nuttall, Secretary to the Central Co-operation Board, on the subject of co-operative banking, in which he advocated the establishment of a banking department in connexion with their wholesale society. I admit that in the case of actual figures we should stand far short of the former, but it does not follow from this that we should not make a trial, particularly if we can throw our bank open to the general public as well. There has been, I am sure, many a worse beginning made by others who have prospered notwithstanding in the long run.

The business of the bank as to loans and investments should for safety's sake be somewhat limited; and all complications and expenses connected with its management would be kept under by the absence of branches, excepting in the three great capitals of the kingdom.

The subscribed capital would be augmented yearly by further subscriptions.

An arrangement might possibly come into force at some future time by which the expenses connected with our Medical Council might be the first to be paid out of the income derived from the invested capital, and the £5 registration fee of all future members of the profession be also invested, instead of, as at present, being simply lost as a mere subscription. The object of this would be to meet the difficulties or objections which might arise on the part of new members to the payment of *two* instead of one £5.

Irrespectively of any question of obligation, it suggests itself that to those amongst the wealthier members of the profession who have hitherto been ever ready to stretch out a helping hand to the distressed amongst us, it would become infinitely less irksome to pay a sum down once and for all, to support some special scheme, than to be troubled with endless calls, which, after all, afford but temporary relief to those in need of it. To the less wealthy and even poor in our ranks it might be urged: You know not how soon you may require help; qualify yourselves, therefore, to become entitled to assistance, should a necessity arise for it, by subscribing your £5.

At starting such a scheme, like most others in their infancy, it might be found to be productive of little

benefit; but, if it was worth anything at all, it would improve with time.

The question of an Insurance Society under this system would not necessarily require to be considered; as those who could afford it would, as at present obtains, insure their lives either in one of the existing Insurance Companies, or in a special medical one, if this should be thought more desirable.

In conclusion, I would beg to offer one other suggestion entirely apart from the foregoing. It occurs to me, in connexion with the *provident* system, if any scheme should be forthcoming, that it would simplify matters to make provision only for cases of death and where members become *permanently* and not temporarily disabled. Professional men occupy a totally different position from the "working man"; the income of the latter ceases during the whole period of an illness, that of the former continues under the assistance of a substitute. There are doubtless, however, cases in which a practice may be so small that every little extra expense is a consideration. Might not these exceptions be made cases for a special fund?

Apologising for having thus trespassed upon your valuable space,

I am, Sir, yours faithfully,

June, 1873. A GRADUATE.

TREATMENT OF DERMATOPHYTA.

To the Editor of THE LANCET.

SIR,—The obstinacy with which dermatophyta often resist treatment, and the tendency they have to crop up in a fresh place when the hopes of the surgeon are high, and the fears of the patient are soothed into the belief that he has seen the last of the old plant which has been living upon him so long, must have occurred to everyone who has treated many cases of fungoid skin disease. The severer parasiticides may, it is true, eradicate the mischief, but when the face is attacked such remedies are worse than the disease, and in such cases you may paint, you may rub, you may dose as you will, but the end is—vegetation. There is a plan, however, which is generally successful, and which appears to fulfil the requirements of curing quickly, safely, and pleasantly, which is simply to exclude air, and, it is well to add, light from the surface of the affected spot, when it will be found that the fungus in a short time perishes. The best application is, perhaps, a solution of carbolic acid in Canada balsam. If this be laid on warm with a camel's-hair brush, and after being allowed to dry, tinted black with a little Indian ink, the fungus will be destroyed, and the patient cured in about a fortnight. I have used a solution of carbolic acid in the proportion of one to ten of Canada balsam, but if necessary the balsam will take up a greater quantity.

I am, Sir, yours obediently,

Manchester, June 2nd, 1873. S. MESSENGER BRADLEY.

FOREIGN BODY IN THE GLOTTIS.

To the Editor of THE LANCET.

SIR,—The following case may be of some interest to your readers, as I am not aware of such a large substance having been known to enter the air-passages.

On the afternoon of Whitmonday last, a man, thirty years of age, who had been "enjoying himself" with some friends at the Crystal Palace, visited a friend's house, where he sat down to a dinner of cold shoulder of mutton. He had just commenced eating, when he jumped up from his seat at table as if about to vomit; he, however, got only to the door, where he sank down and was soon found to be dead.

No medical assistance was immediately procurable, and no accurate judgment could be formed as to the cause of death.

A coroner's inquest was held upon the body, and adjourned that a post-mortem examination might be made, which I performed with the assistance of my friend Dr. Stutter.

All the cavities were opened and examined, and found to be healthy. The larynx and trachea were removed, and upon lifting the glottis a foreign body appeared, which, upon being removed, was found to be a piece of meat measuring three inches in length by an inch and a quarter in diameter, and weighing five drachms.

This enormous morsel must have been drawn in by some powerful inspiratory effort whilst in the fauces.

The coroner related a similar case where an inquest had been held upon a lady who was choked from an oyster having been drawn into the larynx; and another case in which a bluebottle fly had occasioned death in the same manner.

I am, Sir, your obedient servant,

F. E. WILKINSON.

Battle Cottage, Sydenham, 14th June, 1870.

THE DOSE OF THE MURIATE OF BARYTES.

To the Editor of THE LANCET.

SIR,—Very recently, and by accident, my attention was called to the dose of this medicine as given in the standard works of the day, and I must say it was with much surprise I found it put down as ranging from half a grain to two grains for a dose. And it is further added, at least in some of the works, that in doses of an ounce it would prove poisonous. How such statements got into print it is hard to understand; and, as the medicine is one of great activity, I take leave to draw attention to the point. I have been in the habit of using it for many years, and can state that the proper dose is from the twelfth to the sixteenth of a grain. Very few will bear the eighth. In fact, it is very analogous to the corrosive muriate of mercury, and, if an overdose be given, it will produce precisely the same violent effects. To talk, under these circumstances, of an ounce being poisonous is simply absurd. In a very valuable and nicely arranged chart, just published by Mr. Griffiths, of the Royal College of Surgeons, he very properly calls attention to this point. I may add that originally it was as a saturated solution it was given, and that the dose was four drops, gradually increased to eight, twice in the day.

I remain, Sir, yours, &c.,

Dublin, July 1st, 1873. HENRY KENNEDY.

CATGUT SUTURES.

To the Editor of THE LANCET.

SIR,—Previous to reading Dr. Ogilvie Will's paper in last week's LANCET, I imagined that carbolised catgut was coming into general use for sutures, and that its advantages were acknowledged by most surgeons.

I have used nothing except catgut for sutures for the last eighteen months in this hospital, and I am satisfied that it is far superior to silk or silver wire. I have not selected cases for its use, as Dr. Will recommends.

Dr. Ogilvie Will removes the catgut suture, and thereby, I think, deprives himself of one of its principal advantages. I never remove the sutures, but find that the portion outside the skin drops off after ten days or a fortnight, whilst the remaining portion inside the wound is, I suppose, absorbed, as I never see anything more of it.

I have found the following advantages from the use of the catgut suture:—1. Length of time which it remains in a wound without causing irritation, and without causing subsequent marking of skin. 2. Avoidance of operation of removal, a process always painful, and often attended by separation of the edges of a wound from the patient flinching. 3. Absence of constriction in the portion of tissue included in the suture, which is very favourable to union by first intention.

I am, Sir, yours obediently,

H. D. MALE,

Lincoln County Hospital, July, 1873. House-Surgeon.

HUMAN REMAINS IN IRISH BOGS.

To the Editor of THE LANCET.

SIR,—Peat bogs being now extensively utilised for fuel in lieu of coal, other instances of human remains may from time to time be discovered. I therefore beg to forward you what seems to me a simple solution of the difficulty about the disappearance of the skeleton in the two interesting cases you lately recorded.

Moss water contains traces of nitric acid, and being very soft, and therefore solvent, as soon as post-mortem change and the resultant gases ruptured the integument the process of solution of the phosphates of lime and magnesia and the carbonate of lime in bone would begin. The remains last discovered being those of a female, the bones would have less earthy matter in them; besides, they had probably belonged to a younger individual than those in the Omagh bog. These circumstances, together with being a shorter time in the moss, would account for their not being so thoroughly dissolved.

I am, Sir, yours, &c.,

JOHN C. MURRAY, M.D.

Newcastle-on-Tyne, July 1st, 1873.

THE SIR JAMES PAGET TESTIMONIAL.

To the Editor of THE LANCET.

SIR,—Nearly two years ago I gave a subscription towards the testimonial to Sir James Paget. With the exception of having seen Mr. Millais' picture in last year's Academy, I have never been able to obtain the slightest information concerning that testimonial; but living in hope, I have been postponing a visit to London in order that I might have the pleasure of seeing the most respected and popular teacher of the day receive a testimonial from his old pupils. Judge, then, my surprise and disappointment when I read in THE LANCET of the 28th inst.:—"On Thursday afternoon last, a large and fashionable company of ladies and gentlemen assembled in the Great Hall, St. Bartholomew's Hospital, to witness the testimonial presentation to Lady Paget," &c. As far as I can find, all other subscribers in the provinces were left as much in the dark as myself. Sending circulars to all the subscribers might have been troublesome and expensive, but surely the insertion in a prominent position in THE LANCET of a short notice giving the date of the presentation would have been neither one nor the other.

If the gentlemen who manage these things in London treat provincial subscribers in this cavalier manner, it must have a great effect in destroying their interest in their old school and in their old teachers.

I am, Sir, yours faithfully,

June 30th, 1873. AN OLD BART'S MAN.

UNPROFESSIONAL ADVERTISING.

To the Editor of THE LANCET.

SIR,—Now that the College of Physicians have not only confirmed but augmented the force of the resolution come to by the College of Surgeons relative to medical men advertising their professional works in the non-medical press, it behoves all those who wish to see their profession purged of this great scandal to be prepared, each in his individual capacity, to act up to these resolutions. Much power is in the hands of the fellows of the Colleges to carry out the decision of the authorities of the Colleges. I will suggest some ways by which this may be done:—Let no fellow of the College of Physicians vote for any candidate for the fellowship who is tainted with this dishonour. Let the fellows grant none of "the honours of their College" to any such that may be among them. Let no fellow of the College of Surgeons vote for any member for that Council who may have thus offended. The Council of the College of Surgeons have in their hands the best gifts of the profession—the presidentship, the examiners, and the professors. Let them vote no man into any of these offices known as an habitual advertiser, notwithstanding he may say he has left all the advertising to his publisher; by no right-minded man will this be held as a valid excuse. Such a one has had all the advantages that advertising brings; let him now feel what the disadvantages are.

I am, Sir, your obedient servant,

"JUDEX DAMNATUR CUM NOCENS ABSOLVITUR."

June 21st, 1873.

LAST week a baker was fined £5 and costs for selling bread adulterated with alum.

Obituary.

DR. OTTO WUCHERER.

THE European, creole, and indigenous population of Bahia have to lament the loss of a highly accomplished and indefatigable practitioner in Dr. Otto Wucherer, who died there in the first week of May. He was born in Portugal, in the city of Oporto, in July, 1820. His father was a native of Würtemburg and his mother was a Dutch woman. At an early age he came to Bahia with his father, who was principal of an important mercantile house in that city. When nine years of age he was sent to Hamburg for his education, but shortly thereafter his father's death so straitened the family means that he had to take employment in a shop. He was enabled, however, to go to Tübingen, and entered on the study of medicine, in which faculty he graduated there as Doctor. He afterwards came to London, and held for some time the post of assistant-physician to St. Bartholomew's. From London he proceeded to rejoin his family at Lisbon, and after for a short time engaging in practice there, he went to Bahia in 1843.

He practised in Nazareth and Cachoeira, and left the most pleasing recollections behind him. He then established himself in Bahia city, where, with but few intervals, he remained till his death. He was twice married, his first wife falling a victim to yellow fever in 1853; while the second (a sister of the first) is now residing in Stuttgardt superintending the education of his only son.

He was a member of numerous scientific bodies in Europe and the United States. He was also a Fellow of the Imperial Academy of Rio Janeiro. He possessed not a few decorations and marks of royal esteem from Austria, Spain, and Brazil.

The *Gazeta Medica da Bahia* is indebted to him not only for its origin, but for numerous able contributions, in which his genius for inductive research stands prominently forth. Among these, we may signalise the paper on "Cançaço" or "Opilaçao" (a sort of cataract to which negroes are greatly subject, and which he traced to the existence of a parasite); and that on "Hæmaturia Endemica" (the milky or bloody urine common in hot countries, and also due to the presence of a worm). These articles were highly appreciated in Europe, particularly by Küchenmeister and other leading helminthologists.

He was cut off in his fifty-third year, just as he was on the eve of commencing a new series of researches on Brazilian diseases. The medical practice of that empire, which has of late years made such rapid strides, owes its chief impulse to him. He loved Bachia like a second country, and there his mortal remains will rest.

JOHN CHARLES SAVERY, M.R.C.S., L.S.A.

IT is with deep regret that we record the death of Mr. John Charles Savery, of Hastings. This sad event had been anticipated for some months past by his most intimate friends, but to the majority of those who knew him it came as a shock. Mr. Savery was a native of Hastings, and had practised as a surgeon in that borough, in conjunction with his father, since 1857. His kindly nature and practical good sense had endeared him to all who had the privilege of his acquaintance, and his services in connexion with many of the useful institutions of Hastings and St. Leonards will not soon be forgotten. Naturally energetic, as well as unselfish and kind, he threw himself zealously into every good work which engaged his attention, and never failed to secure the esteem of his coadjutors in every enterprise to which he devoted himself. He was at one time a faithful attendant on the poor as one of the medical officers of the Union, and was to the last popular as the surgeon of the Foresters', the Druids', and the South of England Benefit Societies, and of a club at Silverhill. He held a commission in the Rifle Corps, and was honorary surgeon to the Volunteer Fire Brigade. He was an early member of the local Philosophical Society, and one of its warmest supporters. He had been President of the Hastings Mechanics' Institution, and was at the time of his death one of its vice-presidents. He was also a member of the St. Leonards

Commission, and a friend of every movement for the social improvement of the people. He wrote some able pamphlets on the meteorological and sanitary characteristics of Hastings and St. Leonards, and took great interest generally in scientific and literary questions. A young widow and six children are left, with his parents and other relatives, to mourn his death. Their sorrow is shared by a large number of persons of different classes, who had learned his worth and benefited by his intelligence and goodwill.

DR. J. A. PUREFOY COLLES.

THE Indian Medical Service has sustained a severe loss by the death of this indefatigable and conscientious surgeon. Dr. Colles, who was a Fellow of the Royal College of Surgeons of Ireland, and Doctor of Medicine of St. Andrews University, died on February 7th, at Dinapore. He had been acting in the room of Dr. S. B. Partridge, as professor of descriptive anatomy in the Calcutta Medical College, and, with characteristic enthusiasm, had exerted himself to a degree beyond his strength. In his exhausted condition he contracted the seeds of enteric fever, which rapidly developing in very malignant form, carried him off before it had reached its crisis. His death has caused deep and widespread sorrow. In the words of the *Calcutta Englishman*, "he was a man of mark in his profession, full of varied knowledge, and so energetic and persevering that no amount of scientific duty seemed to tire him." He was ever ready to throw himself into the breach when death or illness suspended the labours of his colleagues. He twice took the place of Dr. Ewart in the chair of human physiology, and treated that complex and difficult subject with an ability that delighted his pupils. His services for Dr. Partridge were equally opportune and effective; while he continued to give the highest satisfaction as surgeon to the Medical College Hospital. With all this he was almost as much a soldier as a surgeon, and won the respect and admiration of the troops when serving on the frontier. It will be long before the profession in India ceases to cherish the memory of John Armstrong Purefoy Colles.

DR. WILLIAM COLLUM.

DR. COLLUM, retired Inspector-General of Hospitals, Bombay Medical Department, died on the 16th June. He served in medical charge of the 3rd Light Bombay Cavalry with the field force in Scinde and Affghanistan in 1842, including the advance on Kandahar, and action in Hykulzye, under General England; also in the several operations of the army under Major-General Nott, leading to the reoccupation of Ghuznee and Cabul (medal). He was with the same regiment at the battle of Hyderabad in 1843 (medal); was promoted to the rank of surgeon May 18th, 1855; and was for several years deputy assay-master of the Bombay Mint.

ROBERT PENTLAND, F.R.C.S.I.

THIS gentleman died in Drogheda on the 16th of June, at the advanced age of seventy-six years. Mr. Pentland for upwards of fifty years held a leading position as a practitioner in the town in which he resided, and was much esteemed for his professional abilities. He held for many years the post of surgeon to the County Infirmary at Waterford, but retired from active practice some years since.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. — The following gentlemen passed the required examinations and received their diplomas in Dental Surgery at a meeting of the Board of Examiners on the 30th ult.:—

Binns, Edmund, Croydon.
Brownlie, James R., Glasgow.
Bruce, Peter, Valparaiso.
Gibbings, Ashley, Chichester.
Hepburn, David, Portland-place.
Khory, Curtsetjee Framjie, Bombay.
Kissick, Edward T., Douglas, Isle of Man.
Mummery, John Howard, M.R.C.S., Cavendish-place.
Merson, James, South Molton.
Merson, William, South Molton.
Phillips, Arthur R., Cavendish-square.
Richardson, Edwin J., Duke-street, Manchester-square.
Rodway, Henry A. B., Torquay.

APOTHECARIES' HALL. — The following gentleman passed his examination in the Science and Practice of Medicine, and received a certificate to practise, on June 26th:—

Walker, John Robert, Clifton-gardens.

The following gentleman also on the same day passed his Primary Professional Examination:—

Houlbrook, Edward, Leeds School of Medicine.

At the recent competitive examination for the Prizes in Botany given annually by the Society of Apothecaries, the successful candidates were:—

1st.—John Todd, student of University College, London. A Gold Medal.
2nd.—Charles Henry Cuming, student of University College, London. A Silver Medal and a Book.

UNIVERSITY OF DUBLIN. — The following degrees were conferred on June 25th:—

MASTER IN SURGERY.—(Honoris causâ.)—George Hornige Porter.
DOCTOR IN MEDICINE. — Jacob Browne, Thomas Kelner Clarke, Thomas Huband Gregg, Robert Barry Hoeter.
LICENTIATE IN MEDICINE.—George Hickson.

QUEEN'S UNIVERSITY IN IRELAND. — The following degrees and diplomas were conferred by the Vice-Chancellor on the 23rd ult.:—

DOCTOR IN MEDICINE. — Ringrose Atkins, John Lane Corbett, H. Corly, Francis E. Davis, J. Andrew Gormley, Richard Heath, Hugh M'Millen, Jarlath J. Mullen, William Pearson, Caleb K. Powell, Richard Frith Quinten, Carew Howard Smyth, John Forsythe Wilson.
MASTER IN SURGERY.—George W. F. Armstrong, Philip Lambert Benson, David Johnston, William Simpson, John Wheeler, Douglas Mullen, Ringrose Atkins, John Lane Corbett, Henry Corly, Francis E. Davis, Joseph Andrew Gormley, Richard Heath, Jarlath J. Mullen, William Pearson, Caleb K. Powell, Carew C. Howard Smyth, John F. Wilson.
DIPLOMA IN MIDWIFERY. — George W. F. Armstrong, Ringrose Atkins, J. Lane Corbett, David Johnston, Douglas Mullen, Richd. Frith Quinten, William Rutherford, William Simpson, Carew Howard Smyth, John Wheeler, John Forsythe Wilson.

UNIVERSITY OF DURHAM. — At a Convocation held on June 24th, the following degree and licences were conferred on the successful candidates at the examinations conducted in the week commencing June 16th:—

BACHELOR OF MEDICINE.—George Rowell, Lic. Med., M.R.C.S.
LICENTIATE IN MEDICINE. — W. L. Emmerson, M.R.C.S.; W. T. Wilson, B.A.; Ralph Young, B.A.

THE LONDON AND GENERAL WATER PURIFYING COMPANY (LIMITED).—His Majesty the Shah of Persia, having during his visit to Trentham expressed a wish to see the process of filtering water adopted by the London and General Water Purifying Company, the Earl of Shrewsbury (the chairman of the company), accompanied by the secretary, attended on Monday last at Buckingham Palace with models of the filters, and explained the process, with which the Shah seemed much interested.

DONATIONS &C. TO MEDICAL CHARITIES. — The Parish of St. Edmund the King has given £1000 to the London Hospital, and £500 to King's College Hospital. Miss Dawson, of Branhope Manor, near Otley, has given £500 to the Royal Albert Asylum for Idiots, Lancaster. Mr. John Hill, of Apperley, bequeathed £200 to the Bradford Infirmary, and £100 to the Bradford Fever Hospital. The Great Yarmouth Hospital has received £250 under the will of Mr. Edward Fyson. The Mercers' Company have given £205 to St. George's Hospital.

NEW KNIGHT.—Sir Joseph Ritchie Lyon Dickson, M.D., who received the honour of Knighthood at the hands of her Majesty at Windsor on the 30th ult., is the second son of the late Mr. John Dickson, R.N., of Dalkeith, surgeon to Lord Nelson at the Siege of Copenhagen, afterwards appointed by the British Government Surgeon-Major and Chief of the Medical Staff of his Highness the Hereditary Pasha of the Regency of Tripoli, at the request of his Highness and on the recommendation of Lord Nelson. In 1847 Sir Joseph was appointed physician to her Majesty's Legation in Persia, and in 1849 was called to attend the King for typhus fever during the absence of his Majesty's body physician, and received the Commander's Star of the Lion and Sun in acknowledgment of his successful attendance. His Majesty requested the British Government to attach Sir Joseph to his staff on the occasion of his Majesty's visit to Europe. Sir Joseph's elder brother is physician to her Majesty's Embassy in Constantinople.—*The Times.*

Medical Appointments.

BIRD, P. H., F.R.C.S.E., has been elected Medical Officer of Health for the Fylde District.

BLICK, T. E., M.R.C.S.E., has been appointed Medical Officer for the Otmoor District of the Headington Union, Oxfordshire, vice Smith, resigned.

BLYTH, L. G., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer for the Workhouse and the Martley District of the Martley Union, vice Merkby, resigned.

BOSWORTH, J. R., M.R.C.S.E., L.R.C.P.Ed., has been elected Medical Officer for the Banstead District of the Epsom Union.

BRIEN, J. T. W., M.D., L.R.C.P.Ed., L.R.C.S.I., has been appointed Medical Officer to the Liverpool Police Sick Fund, vice A. E. Carter, L.R.C.P.Ed., L.R.C.S.I.

BULL, C. B., M.B., C.M., has been appointed Medical Officer for the Blaenavon District of the Abergavenny Union, vice Steel, resigned.

BURY, J. W., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for District No. 6 of the Maidstone Union, vice Perrey, deceased.

CLARK, Mr. G. B., has been appointed a House-Surgeon to the Royal Maternity Hospital, Edinburgh, vice White, whose term of office is expiring.

DIXON, J., M.B., has been appointed House-Surgeon to the London Temperance Infirmary, Gower-street.

EAMES, J. A., M.D., has been appointed Resident Medical Superintendent of the Cork District Lunatic Asylum.

EDMUNDS, J., M.D., L.R.C.P.Ed., has been appointed Physician to the London Temperance Infirmary, Gower-street.

FENTON, M. A., M.B., L.R.C.S.I., has been appointed Resident Surgeon, Dispenser, and Secretary to the Coventry Dispensary, vice Chas. E. Busigny, M.R.C.S.E., resigned.

HOPKINS, E., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer to the Workhouse, Pontypridd Union, vice Morgan.

JOHNSTON, R., M.R.C.S.E., L.R.C.S.I., L.M., has been appointed House-Surgeon to the West Bromwich District Hospital.

JULIUS, S. A., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer to the Foresters' Friendly Society, Hastings, vice Savery, deceased.

MILNE, A. W., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Resident Medical Officer to the Great Indian Peninsular Railway at Lanowlee.

NICHOLLS, W. H., M.R.C.S.E., has been appointed a District Medical Officer *pro tem.* to the Brighton and Hove Dispensary.

NICHOLSON, J. M., M.D., L.R.C.S.Ed., has been appointed Medical Officer for the Workhouse of the Hunslet Union, vice Gisburn, resigned.

OLIVER, W., L.R.C.P.Ed., has been appointed Medical Officer for District No. 4 of the Bellingham Union, Northumberland, vice Heagerty, resigned.

PERKINS, J. E., L.R.C.S.Ed., has been appointed Medical Officer and Public Vaccinator for District No. 2 of the Alderbury Union, vice Cæsar, resigned.

ROECKEL, J. W., M.R.C.S.E., has been appointed House-Surgeon to the Royal United Hospital, Bath, vice Hopkins, resigned.

SPURGIN, F. W., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer for the All Souls and Cavendish District of St. Marylebone, vice Clapp, resigned.

STOREY, J. A., L.R.C.P.Ed., L.R.C.S.I., has been appointed Medical Officer for the Sutterton District of the Boston Union, vice N. P. Betts, M.R.C.S.E., resigned.

WICKS, F., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer for the Woodbury District of the St. Thomas Union, Devon.

WILLIAMS, R., L.R.C.P.Ed., M.R.C.S.E., has been appointed House-Surgeon to the Carmarthenshire Infirmary, Carmarthen, vice Lloyd, resigned.

Births, Marriages, and Deaths.

BIRTHS.

COLLINS.—On the 25th ult., at Euston-place, Leamington, the wife of C. P. Collins, L.R.C.P.I., M.R.C.S.E., of a daughter.

COSTIN.—On the 27th ult., at Market Harborough, the wife of John L. Costin, M.R.C.S.E., of a daughter.

ELLIS.—On the 28th ult., at Brierley-hill, Staffs, the wife of H. D'Arcy Ellis, M.R.C.S.E., of a daughter.

TURNER.—On the 30th ult., the wife of J. Smith Turner, M.R.C.S.E., of George-street, Hanover-square, of a son.

WHITE.—On the 1st inst., at Storey's-gate, S.W., the wife of J. Campbell White, L.R.C.P.Ed., of a son.

MARRIAGES.

BUCK—GIBBS.—On the 16th ult., at Offenham Church, Joseph Randle Buck, L.R.C.P., M.R.C.S., of Worcester, to Annie, youngest daughter of John Gibbs, Esq., The Hall, Offenham, Worcestershire.

FENNELL—BELL.—On the 30th ult., at St. Ann's Church, Rainhill, Theodore Fennell, M.R.C.S.E., of Washington, Co. Durham, to Charlotte, eldest daughter of the late W. N. Bell, Esq., of Rainhill.

TAYLOR—WESTON.—On the 1st inst., at Llanaber, Merionethshire, J. M. Taylor, L.R.C.P.I., M.R.C.S.E., of Barnsley, to Sarah, only child of the late John Weston, Esq., of Leek.

DEATHS.

BROWNE.—On the 29th ult., T. Browne, M.R.C.S.E., of North-terrace, Camberwell.

CLARK.—On the 13th ult., at Dublin, R. Clark, Surgeon, of Lancaster, aged 50.

DAUBENY.—On the 24th ult., at King's Bench-walk, Temple, Jas. Daubeny, M.R.C.S.E., late of the Scinde Horse, aged 52.

GEOGHEGAN.—On the 24th ult., at Henfield, Sussex, Henry Moore Geoghegan, L.R.C.S.Ed., in the 27th year of his age. Deeply lamented.

MILL.—On the 27th ult., James Mill, L.R.C.S.Ed., of Thurso, Caithness.

WARNE.—On the 25th ult., Wm. Colston Warne, M.B., M.R.C.S.E., of Rochester, aged 22.

Notes, Short Comments, and Answers to Correspondents.

CHOLERA AMONG THE CELESTIALS.

DR. JOHN DUDGEON, in his Report on the Physical Conditions of Peking and the Habits of the Pekingese, in the last-published Medical Reports, forming part of the *Customs Gazette*, continues his interesting historical account of the epidemics that have visited the capital. Referring to cholera, he states that the only epidemic of that disease which visited Peking during the last ten years was in the summer of 1862. It lasted about two months, and was estimated to have carried off 15,000 persons. It followed the course of the river, attacking the various towns on its banks, and lastly reached the capital. This epidemic was probably the precursor of that which visited Europe in 1866. The epidemics of 1832, 1847, and 1865 are all supposed to have come from India. Cholera has been known in China, as in India, from time immemorial. It was described 2500 B.C. by the very name it now bears; but no mention is made by any of the numerous authors consulted by Dr. Dudgeon as to its epidemic character, which has marked its visitations in India, and latterly in Europe since 1817. In the *Neiching*, a supposed work of the Emperor Hwang-ti (2500 B.C.), cholera is said to be due to the development of three pent-up airs, which give rise to vomiting and purging. Dr. Dudgeon gives a short *précis* of the accounts of cholera that he has encountered in his references to the different Chinese writers of the various dynasties. Chinese writers divide cholera into the wet and dry forms. By the latter is meant the absence of vomiting and purging; it is considered the most fatal form. Adverting to the physical conditions of Peking, Dr. Dudgeon says it might be supposed that fevers and all manner of epidemics would be most fatal; but the most remarkable thing is, that with all the filth, dirt, and smells abounding in Peking—and people in the West can form no notion of what they are, for they almost defy description,—there is a wonderful immunity from epidemic disease, even from fevers.

D. M. R. had better take the opinion of some hospital surgeon on the subject.

REPORT OF THE LOCAL GOVERNMENT BOARD FOR 1872.

To the Editor of THE LANCET.

SIR,—Having read your remarks on the above Report respecting vaccination, I cannot but think that the conclusions you arrive at in regard to the cases in which no awards were given are wrong. You say: "The Report records the fact that in 133 of the 301 unions visited, no award was given, and consequently the work must have been bad, or, at any rate, not up to the standard." Now, judging from my own case, I fancy the awards must have been withheld, not because *vaccination* itself was bad, but in consequence of lapses in some of the minor details, such as not keeping the register book in a clean state, not attending the appointed station on the special day, &c. &c.

I enclose an extract from a letter received from Dr. Blaxall, one of the vaccination inspectors, from which you will learn that the award was not given because I had vaccinated *too frequently* at my surgery (one of the appointed stations). My reason for doing so was this: For the purposes of vaccination the district is divided into four vaccination stations, my surgery being one, and the three others at about from two and a half to three miles distant. Finding that the parents failed to bring their infants to the station at the proper time and day, and thinking it of more consequence that the children should be vaccinated somehow rather than adhering too closely to the contract, and leaving them unvaccinated, I informed the parents that it was not possible for me to attend at the out stations except on the days and times specified. If they could not attend on those days, they must bring the children to my surgery at the same time, naming the first and second Mondays from 10 to 11 A.M. This arrangement succeeded so well, that at the time of Dr. Blaxall's inspection every child born in my district between 1870 and 1872 had been vaccinated. Dr. B. expressed himself well satisfied with the quality and quantity of the vaccination in these cases examined by him; but, nevertheless, I lost the award for not adhering rigidly to the months of February and August, as per contract.

Extract from Dr. Blaxall's Letter.—"The contract arranging for vaccinations in February and August has not received the approval of the Local Government Board; consequently is not legal, and therefore disqualifies you for the grant; but as you signed and believed it to be a complete contract, I should have represented such to be the case, *and have recommended you for the award*, had you adhered to the times specified in said agreement; but as you continued vaccinating every month at your surgery I exceedingly regret that I could not do so. The regulations are strict in requiring a vaccinator to adhere to his contract arrangement."

Yours very truly,

June 27th, 1873. R. S. P. T.

*** If reference is made to our article on the Official Regulations for the Grant of Vaccination Awards, our correspondent will see that, from his own showing, his work was not performed in such a manner as to reach the qualifying standard; and therefore, though his vaccination may have been perfect as regards quality and quantity, he was precluded from having an award. He seems to have acted in contravention of his contract. His work was "not up to the standard," and consequently, under Article 2 of the Regulations, he was debarred from receiving an award.—ED. L.

An Army Surgeon.—We think that the course pursued was a mistake. Avoid all appearance of combination. Let anyone with a grievance make it the subject of an official communication to the War Office through the proper channel.

Dr. Leonard Sedgwick's communication shall receive attention next week.

REMOVAL OF THE DUKE OF YORK'S SCHOOL.

MR. CARDWELL, in answer to Sir Charles Dilke, expressed his concurrence with the proposal about the removal of the Duke of York's School and the Knightsbridge Barracks. As regards the removal of the Royal Military Asylum, it was recommended by a Royal Commission some years ago. The asylum is situated in one of the healthiest localities of London, no doubt, and it offers, as the Duke of Cambridge pertinently remarked, the manifest advantage of being very accessible for the reception of children from all parts of the kingdom, and for the visits of their mothers and friends. Moreover, the children are healthy, and very free from those diseases, such as ophthalmia, which are only too common, as the *Broad Arrow* urges in similar civilian establishments. Still we think it cannot be denied that, on sanitary grounds, a country situation is superior to a city one for an institution of this kind. We have not simply to consider freedom from disease, but strength and vigour of constitution, and boys brought up in the country contrast favourably in these respects with those residing in London and large towns.

"*Sloping slowly to the West*," (Milford Haven.)—The mineral springs of North America have never been treated in a medical point of view so well as in the recent work of Y. Y. Moorman, M.D., Physician to the White Sulphur Springs, and Professor of Hygiene in the Washington University, Baltimore. Each kind of sulphuretted, carburetted, or mineral water, besides the best routes by which the particular watering-place may be reached, is dealt with in his volume, which is published by Lippincott, and may be had of Messrs. Sampson Low and Co.

R. N., (Portsmouth) should take the advice of a medical friend in the matter. We cannot undertake to nominate anyone.

LIEBIG.

Athenæus, (Glasgow.)—The lines with which Hofmann concluded his recent *éloge* on Liebig before the Chemical Society of Berlin are:—

"Tu, pater, es rerum inventor, tu patria nobis
Suppeditas præcepta, tuisque ex, inclute, cartis
Floriferis ut apes in saltibus omnia libant,
Omnia nos itidem depascimur aurea dicta,
Aurea perpetuâ semper dignissima vitâ."

Which we may thus translate:—

"'Tis thou, the inventive sire, whose doctrine sage
Inspires us! 'Tis from thy immortal page
That, like the honey treasured in the hive
By bees from flowery woodlands, we derive
All golden truth that will for aye survive."

The passage is the well-known one in which Lucretius apostrophises his great model and master, Epicurus. Liebig, by the way, was not himself a distinguished classical scholar. At the Darmstadt Gymnasium, where Latin and Greek formed the chief discipline, he was far from the head of his class. Indeed, like Sir Walter Scott, he was always about the bottom. But, again like Sir Walter, he strove to make up for early pre-occupation with other and more congenial pursuits, by the study of after years; insomuch that few contemporary savants had a better knowledge of Aristotle (at least in the Latin version) than Liebig.

Dr. Cartwright Reed, commenting on our annotation entitled "Asylum Amenities," suggests the appointment of "Government medical experts," whose duty it would be to examine and report upon any case of alleged insanity before removal to a lunatic asylum. The suggestion, however, does not affect our position, to wit, that a course of instruction in medico-psychology, theoretical and clinical, should form part of the education of every duly qualified practitioner.

A. O. S.—We cannot speak of the matter from personal knowledge; but the testimonials which have been published are presumed to be reliable.

"ONE DAY'S PURE AIR."

To the Editor of THE LANCET.

SIR,—By an appeal through the press last year, assisted by the teachers in the use of collecting-cards, upwards of 900 children of the Field-lane Ragged Schools had a day's enjoyment in the lovely green fields of Finchley. The homes of these poor children are in densely crowded courts and alleys of this vast metropolis, where they are compelled to breathe an unwholesome atmosphere, and are a constant prey to fever and other distressing diseases. The Committee, therefore, feel constrained again to appeal to the benevolence of those friends who feel an interest in such children for the means whereby they may realise the enjoyment of another day's pure country air. For this purpose contributions will be thankfully received by the Bankers, Messrs. Barclay, Bevan, and Co., Lombard-street; Ransom and Co., Pall-mall East; Geo. Moore, Esq., Bow-churchyard; and by,

Your obedient servant,

17, Berners-street, W., July, 1873. SAMUEL TAWELL, Hon. Sec.

W. J. B., M.B.—1. The best appointments are a matter of taste.—2. Advertisements are generally, it is to be hoped, inserted in good faith, though local candidates have an advantage as well as the disadvantage of "prophets in their own country."—3. A medical witness is entitled to his fee when subpœnaed, and in civil cases may refuse to give evidence till his fee is paid, provided he objects before being sworn.—4. The fee could not be recovered in such a case.—5. We could not judge of the interest of the notes kindly offered without seeing them.

Mr. W. Dawson sends us a quotation professing to be taken from *Fraser's Magazine* for the present month. There must be some mistake, as we have searched *Fraser* in vain for the subject referred to.

Zeno.—The conduct of the gentleman in question is not high from a professional point of view. Our correspondent should remonstrate with him before refusing any reception to him.

PHTHISIS IN BRAZIL.

FREQUENT in the temperate zone, phthisis is popularly imagined to be rare in inter-tropical countries. In Brazil, however, Dr. O. E. H. Wucherer tells us the disease is not only frequent, but increasing every day. This result is not due to European immigration. The greater condensation of the people and certain alterations in their mode of living are the most probable causes. Overcrowding in manufactories, heightened cost of necessaries of life, greater indulgence in luxuries, pernicious prevalence of drinking habits, enormous consumption of tobacco, have all their special influence in accounting for the increase of phthisis in Brazil. In 1843 in all Bahia, says Dr. Wucherer, there were but one or two cigar-shops; now they are to be seen on all sides. Now also school-boys and little slave children smoke. In the changes in the habits of life of the people Dr. Wucherer finds the principal causes of the increased frequency of phthisis in Brazil.

Old Subscriber.—For information of the kind which our correspondent seeks, the only published work is Dr. Wilson's Handbook of Hygiene (Churchill). On the principles and practice of hygiene, the text-book is Parkes's Treatise on Practical Hygiene. For further detailed information on this subject, consult the number of the *Practitioner* just published (July).

Dr. Dowse.—We have not received such a letter.

MEDICAL MEN AND ACTIONS AT LAW.

To the Editor of THE LANCET.

SIR,—I have read with deep pain your remarks upon my professional connexion with the case of Tuckfield *versus* the Metropolitan Railway Company, and I appeal to your known sense of fairness to give me space for a reply.

I did not directly or indirectly introduce the plaintiff to the solicitor, neither was it ever said in Court that I had done so. The solicitor, on the contrary, requested me to visit the plaintiff in conjunction with Dr. March, and that was between five and six weeks after the occurrence of the alleged accident, during which time Dr. March, who lived near him, had been attending alone. At the first meeting with Dr. March, not until the 27th April, 1872, we made a careful examination of the man, and came to the conclusion that he was suffering from inflammation of the spinal cord and its membranes to a high degree, the symptoms all pointing to concussion of the spine by whatever accident produced. He had also some considerable swelling on the back, with slight irregularity of one or two spinous processes, producing together comparative deformity. As the plaintiff and his wife both declared that none of this existed prior to the accident, I was of opinion that the accident was likely to have occasioned them by some injury to the muscles and ligaments. The pain at different points of the vertebræ being represented as very severe, we considered it right to resort to local depletion and counter-irritation, and these were repeated at the patient's request, and always with relief. He was wholly confined to his bed—at least we always found him there—for nearly four months, and we had no reason to suspect fraud or falsehood. I continued during this time to see him occasionally with Dr. March, and he always complained of being unable to walk or even stand without help, or to control the functions of the bladder. I did not "assume" the management of the case, nor did I attempt to do so. On the 3rd May last year Dr. Cooper, the Company's medical officer, met us at the plaintiff's house, and, far from dissenting from our views, expressed his concurrence, and, turning to me, observed, "I endorse every word you have said." Subsequently, five weeks after, three other medical gentlemen saw him on behalf of the Company in our presence, and we also had two consultations with Mr. Kellett in July. In the early part of August we recommended sea air to him. He went to Harwich, and sent for me to see him there, and when he removed to Epsom in November he did the same. In January of the present year he had a severe relapse, and again required my attendance at South Lambeth for several weeks, during which time I always found him in bed.

Such is the medical outline of his case, and we had every reason to consider him truthful. As to his circumstances, I considered him a well-to-do commission agent, and believed he was making some hundreds a year when stricken down. The case was not stopped at the close of his medical evidence, but two days after, when several of the Company's non-professional witnesses swore distinctly that the plaintiff was in the habit of getting up when the doctors were not there, walking about, and otherwise exerting himself. If this be true, we have been shamefully deceived; for even up to the last morning of the trial I believed it to be a genuine and true case, and consequently was more astonished than I can describe when such evidence was produced.

My charges have not been sent in to anyone; but I told the Court that during fourteen months I had travelled over nearly a thousand miles in attending this man, and that they would amount to £165. I had previously told the plaintiff this.

One word as to my diploma from St. Andrews. It was not obtained so easily as you unintentionally represent, but after three days' examination, and a payment amounting to nearly three times the sum you name.

I remain your faithful servant,

Brunswick-square, July 2nd, 1873. J. EDGCOME, M.D.

*** Dr. Edgcome's letter does not in any way meet the remarks of Chief Justice Bovill. We print his letter that the Council of the College of Surgeons may be the better able to judge of the nature and strength of the defence he has to offer.—ED. L.

Medical Student (Woking) may read Hippocrates either in the edition of Ermerius, whose interpaged Latin translation is at once faithful and flowing; or in Littré's, whose French translation, also interpaged, is singularly accurate and clear. No other edition can compare with either of these.

C. J. L., (Castlebar.)—According to a Parliamentary return (just issued) thirty nuns are engaged as nurses in Irish workhouses, and sums of money, amounting in all to £605, are paid to them for their services.

Nemo.—The time is fixed by the Act within which the appointment must be made. The Local Government Board has the power of intervening if it thinks fit.

Pharmacien, (Huddersfield.)—There is no adequate work on the remedies and nostrums in use among the English common people. It is a mistake to suppose that their *Pharmacopœia non scripta* has not still its believers. In Gloucestershire, to this day, fits are thought to be cured by "a few drops of blood got by pricking a live mole with a pin. The drops to be taken in a wineglassful of water just as the convulsion is coming on." The "patter" of the mole, sewn up in a bag, and worn round the neck, are a certain cure for epilepsy. The snail has also a prominent place in this irregular pharmacopœia. Sewn up alive in a bag, and worn round the neck nine days, it is then taken out and thrown into the fire, where it "shakes like the ague, and the patient is never troubled with the complaint again." In earache the snail is not less efficacious. You prick the mollusc, and allow the exuded froth to drop into the affected organ.

Mr. W. J. Brown, (Dublin.)—No letter received.

ARMY MEDICAL DEPARTMENT.

To the Editor of THE LANCET.

SIR,—In THE LANCET of May 24th a reply of Mr. Cardwell's was publ- addressed to Dr. Lyon Playfair, explanatory of some of the clauses that had been most universally objected to in the Royal Warrant dated March 1st, 1873; and it is not too much to say that Mr. Cardwell's reply does very little to remove the prevailing discontent. He discusses the objections raised under six heads, *seriatim*, thus:—

1. *Withdrawal of 17s. 6d. a day after fifteen years' service.*—In the Warrant itself Mr. Cardwell's intention is not expressed or even hinted at. On the contrary, while no promise of promotion is made, the plain and simple interpretation of it is that the maximum pay of the most senior surgeon previous to promotion is 15s.; whereas by the Warrant which this one has just "cancelled" it was set down at 17s. 6d. after fifteen years' service. It is true that promotion after fifteen years would be a boon as compared with an extra 2s. 6d. per diem; it is also true that the confidence of military medical officers in the grants and concessions of so-called Royal Warrants has been sorely shaken of late; but still Mr. Cardwell's intentions promise something under this head, and therefore it would have been well had they been embodied in express terms in the Warrant. For it is needless to lay emphasis on the fact that the *intentions* of any individual War Minister are insufficient to impart hope or confidence to the officers of a large department, whose professional education has indeed been sadly without fruit if it has not taught them to think and reason.

2. *Forage allowance.*—Under this head Mr. Cardwell's reply is profoundly unsatisfactory. He states that its issue according to the necessities of duty, and not as appanage of the rank of the medical officer, after promotion, as formerly, is "an alteration in the direction contemplated for all departmental officers, and more especially needed in the medical department, in which the number of officers of senior rank was being so largely increased without reference to the duties they were called upon to perform." This has, at least, the merit of being expressive. It says, in fact, to the officers of the medical department, "Your prospects of promotion were so bad that it has become necessary to do something for you. We have, therefore, recently promoted about seventy of you who had served fifteen years and more without promotion. But this would be too costly unless we did something to prevent its becoming so; therefore we have promoted you to a rank shorn of some of its former privileges, and amongst others, *forage*, which was an expensive one. Of course those newly promoted will be too grateful to cavil at the conditions of their promotion; and as for those of you already in the senior ranks who have drawn forage for years by right of Royal Warrant and your rank, go to ——. Have ye not heard that the Warrant of 1858 and all Warrants previous to this of March 1st, 1873, have thereby been 'cancelled'? And, after all, it is only a crucial experiment tried on you which is contemplated for all departmental officers; and possibly, but not very probably, if the experiment succeeds on you, it may be tried on majors, colonels, generals, and field marshals, the issue and the amount of whose forage depends on their rank, and not on the duties they perform." This is the unstrained meaning of Mr. Cardwell's language addressed to men whose services have been engaged and retained on certain conditions embodied in these Warrants, this item of forage being one of the most unequivocally expressed; and now these conditions are altered to their detriment, particularly this relating to forage, with no other explanation than that which has been quoted. A Royal Warrant is a Government engagement; a superannuation or other pension or a Government loan is nothing more; and if this latitude in the observance or not of Government engagements were carried to its ultimate conclusion, it would perfectly admit of the curtailment and repudiation of pensions and loans, and Mr. Cardwell's reasoning would be equally applicable in justification.

3. *Promotion by selection.*—The Warrant says: "All promotion" in the higher ranks "shall be given for ability and merit upon the selection of our Commander-in-Chief, with the approval of our Secretary of State." This is substantially as it has hitherto been, and therefore no objection has been urged against it; although it is very probable that such selection or patronage applied to a scientific department may be, as it may have hitherto been, unjust to individuals and detrimental to the service, by encouraging subserviency and discouraging independence of action. But the new Warrant also says: "A vacancy in the rank of surgeon-major, occasioned by death or promotion, shall, unless it be expedient that it be otherwise filled, be given to the senior qualified surgeon of the department. If a vacancy shall arise from any other cause, it shall be filled by a qualified surgeon, who shall be recommended to us by our Commander-in-Chief, with the approval of our Secretary of State." This is an innovation, and, in the universal opinion of the medical officers of the army, it is not an improvement, because the majority of these steps or vacancies arise neither by death nor by promotion, but by retirement. The language of the Warrant has been quoted; but Mr. Cardwell's explanation, which may be presumed to express the *intention* of the existing authorities, is different. He writes: "The promotion will not be *chiefly* by selection; the rule which applies to the so-called seniority corps—the artillery and engineers—will apply to the medical department." But, he adds, the terms of the Warrant are expressed as they are in order "to prevent a system of bonus-giving to induce officers to retire." Such a system never did exist, and never could arise, in the medical department, and is least of all likely to arise now that the higher ranks are being denuded of the privileges hitherto attached to them. Again, it is desirable that Parliament and the country should know that the Army Medical Department have been thrown into a perfect panic of anxiety and discontentment, not by the intentions or explanations of the authorities and the Secretary of State for War, but *by the express terms of a new Royal Warrant*, injuriously affecting them in almost everything.

4. *The removal of regimental surgeons from their regiments.*—As a matter strictly within the limits of military discipline and law, military medical officers would have no right to complain of their removal from their regiments for the benefit of the service. They believed after the publication of the new Warrant that a reconstruction, involving some such change in their department, had been rendered necessary by the reorganisation of the army; and now had they been told, or even suffered to suppose, that on this account they had been removed from their regiments, they might, and would, have considered it a hardship if they were not compensated for the sudden nullification of the vested interest they had been obliged to purchase by entrance fees and subscriptions in their mess, its plate and property, and their regimental bands; also, in mounted corps for the expenses unexpectedly entailed by sacrifice of horse equipment, &c.; in some cases for the expense incurred by recognised exchanges, and in many cases for expensive changes of uniform. Still they could not have objected to the mere removal from their regiments. But to be told that the only means by which the improvement in their position could be secured was the removal of medical officers from the regimental establishment is to these officers simply incomprehensible, seeing that there always has been a medical staff *available for all duty*, and this could have been indefinitely increased, as to the numbers of its promoted men, independently altogether of the medical regimental establishment. And further, as to the relief "of those medical officers who may be serving with, but not especially attached to, regiments from all contributions to bands in future," it seems almost rude, although it is true, to say that such officers—i. e., medical officers on the staff—never have been required or expected to pay contributions either to mess or bands.

5. *Medical officers junior to their rank.*—After careful study of Mr. Cardwell's note, it seems impossible to extract from it any definite meaning. A major of a regiment, as a rule, receives his regimental majority in his own or another regiment directly he receives his substantive promotion from captain, and from that time remains in his regiment (unless he exchanges) until he receives his next step. His rank as field officer in his regiment, therefore, as a rule, dates from the time of his first receiving the rank of field officer. On the contrary, the majority of medical officers must receive their promotion independently altogether of the vacancies for them in regiments, and hence, unless they happen to be appointed to regiments immediately on promotion, the hardship referred to. At the best the system of attachment of a medical officer for five years is only a poor compromise between unification and the old regimental system, which this Warrant has destroyed. The position will be in all respects an unsatisfactory one, and ever liable to jealousies and misunderstandings.

6. *Increase of the establishment and the promotion of surgeon.*—This has already been thankfully acknowledged *so far as it goes*; but it must be remembered that since Mr. Cardwell made the promise, the designation surgeon-major has been conferred on all who were then designated surgeons, without any change in their pay, prospects, or privileges, except their curtailment. It should be remembered, too, that this step of promotion, even as the prospect is secured to them by the intentions of the authorities, *and not by Warrant*, can only be hoped for after an average of fifteen years' service, during which time their pay is quinquennially 10s., 12s. 6d., and 15s. per diem—an amount of remuneration considerably less than that of the most moderately successful of civil practitioners of average merit and equal standing in years. Moreover, pay largely depends on promotion, particularly in India, and in this latter respect, now that the purchasing value of money is everywhere so much less than formerly, this the first step of promotion is five years more tardy than the average of thirty years previous to 1809, even as the prospect is painted in glowing colours by Mr. Cardwell.

Yours obediently,

June, 1873. A MEDICAL OFFICER.

To the Editor of THE LANCET.

SIR,—You might almost count the number of medical officers upon your fingers who believed that this new Medical Warrant, with all its defects, embodied a principle the importance of which, as far as the interests of the service are concerned, has never been surpassed. As one of those who believe this, and know how to separate the accidental from the essential, I am content to bide my time, in the firm conviction that when the just grievances of the present time have been redressed, and the clamour of dissatisfaction and controversy has passed away, men of calm and judicial mind will be agreed in regard to it. Paradoxical as it may appear, the best part of the Warrant is its badness; for had it not been for the short-sighted policy of those who sowed the tares that have been detected in that document, we should not now be reaping the privilege of asserting the claims we undoubtedly possess to a fair and considerate treatment by the authorities. The ruling in regard to forage is an obvious breach of faith which, on financial grounds, is unjustifiable, seeing that the Government will save a large sum of money by handing over the contract duties to the medical service, and by depriving the militia medical officers of their fees for recruiting. Still I hope, Sir, that you, who have consistently held fast for years to the principle of unification, when it numbered far fewer adherents than it now has, will not be led to deviate from the course you have adopted in regard to it. It is this little leaven in the Warrant that will leaven the whole lump, and impart an influence and efficiency to the department in due time such as it has never had before; and when the objectionable conditions which overlie it shall have been removed, as they must be by the next Government, if not this, we shall find the verdict of the medical officers of the future rendering justice to the head of their department for the good he achieved, no less than for the evils against which I, for one, believe he has striven to fight, and striven in vain. When that time comes, like that of the one-portal system for which you have contended, it will be seen that the medical direction is no longer a name, but a reality; that the department will no longer be a house divided against itself, each one seeking his own, but a compact body, represented by a head, who can give expression to its claims, with more chance of being listened to with respect than his predecessors in office have ever been; and I do not despair that then his subordinates will be found rallying round their chief, instead of being so ready, as now, to think that his hopes and interests are not identified with the best interests of the service as a whole. When the members of the service are of one mind, bound together by a professional instead of a merely military tie, and no longer a fortuitous concourse of so many regimental and staff atoms, we may confidently expect that we shall exercise the legitimate influence of every other scientific department, and obtain the respect and support of that medical profession of which we are, after all, a part, rather than of the military profession, with which too many seek to be almost exclusively identified. The then Director-General and the department will at that time, if not before, accord, Sir,

June, 1873. HONOUR TO WHOM HONOUR IS DUE.

R. M. S.—The Apothecaries' licence secures the ready admission of a practitioner's claim for medicines supplied to his patients. Occasionally a County Court Judge regards a licentiate of a College of Physicians who dispenses medicines to his own patients as violating the Apothecaries' Act. This we take to be bad law, but it is not uncommon.

Mr. R. Ellery.—The Society would not be likely to interfere unless its privileges were infringed. Our correspondent has the advantage of various qualifications.

CESAREAN SECTION.

To the Editor of THE LANCET.

SIR,—In reply to Mr. Stickland's letter in your issue of last week, I beg leave to state that the woman had arrived at the full term of gestation. The pains, which were feeble and irregular on May 5th, ceased towards evening, and were replaced by a dull aching pain, probably caused by the manipulation used in endeavouring to ascertain position of os. There was no return of labour pain, and no alteration in the position or direction of the os or morbid growth from the time when I first saw her until 1 P.M. on May 6th, when the operation was performed. Yours truly,

Wisbeach, July 2nd, 1873. D. C. NICHOLL.

Literatus, (Mayfair.)—Professor Rolleston, in his Harveian Oration of Wednesday *was* wrong in ascribing to the late Alexander Smith the line—

"Thy soul was like a star and dwelt apart."

There is certainly something very like it in the brilliant "Life Drama" of the Scottish poet; but the line, as quoted by Prof. Rolleston, occurs in Wordsworth's famous sonnet to Milton.

Mr. George Webster had better write to the surgeon he names, and ask if he can admit the patient into his hospital.

SIMPSON'S MEMORIAL FUND.

To the Editor of THE LANCET.

SIR,—Can you tell me what has become of all the subscriptions to the projected Memorial to the late Sir J. Y. Simpson? A handsome sum was collected soon after his death, but nothing has since been heard of it. Where is the money, and how is it to be spent?—Yours truly,

Windermere, June 30th, 1873. A SUBSCRIBER TO THE FUND.

ARMY MEDICAL BLUE-BOOK.

WE are compelled to defer any notice of the departmental volume just issued until next week.

COMMUNICATIONS, LETTERS, &c., have been received from — Prof. Maclean, Methy; Mr. Holmes, London; Mr. Teevan, London; Dr. Liveing, London; Dr. Aithans, London; Dr. Leslie, London; Mr. Jones, Great Torrington; Dr. Latham, Cambridge; Mr. Sefton, Douglas; Mr. Dickson, Morpeth; Dr. Allan, Liverpool; Mr. Rouse, Great Torrington; M. Spitzer, Paris; Mr. Cooke, Wisbeach; Dr. Barry, Twickenham; Mr. H. Marks, Dublin; Mr. Jaques, Thirsk; Mr. H. D. Male, Lincoln; Mr. Alexander, Halifax; Dr. Edgcome, London; Mr. Procter, Macclesfield; Dr. Arnison, Newcastle-on-Tyne; Mr. Thompson, Dervock; Mr. Crook, Oxford; Mr. W. Watson, Thurso; Mr. James, Chelmsford; Mr. Kemp, London; Mr. Bains, Nottingham; Mr. Hardy, Ilminster; Mr. Stephens, Burton; Dr. GreatRex, Lawton; Mr. Garland, Birkenhead; Mr. Evans, Dowlais; Mr. Easton, St. Helier's; Mr. Howling, Paris; Mr. Nicholl, Wisbeach; Mr. Millsom, Winchester; Mr. Hutchison, Derby; Mr. Symes, Kingston; Mr. Roberts, Gourock; Mr. Swain, Chester; Mr. Williams, Blackburn; Mr. Stowers, London; Mr. Carey, Fenny Stratford; Mr. Back, Worcester; Dr. Black, Glasgow; Mr. Jervis, Leeds; Mr. Grigor, Nairn; Mr. Chater, Everton; Mr. Crawford, Warrington; Mr. Wright, Holywell; Mr. Polten, Chesterfield; Mr. Cresin, Walton-on-the-Naze; Dr. Hess, London; Dr. Burges, Birmingham; Mr. Payne, Exeter; Mr. Hill, Stamford; Dr. H. Kennedy, Dublin; Mr. Camp, Llandudno; Mr. Packard, Scole; Mr. Hawkes, Portland; Mr. S. Morgan, Bridge of Allan; Dr. Murray, Newcastle-on-Tyne; Mr. Danvers, Enfield; Mr. Maldon, Salford; Mr. J. Harrison, Brighton; Dr. O'Connor, Welshpool; Mr. J. Beal, London; Mr. Philpot, Sheffield; Mr. Tawell, London; Mr. Bradford, Tewkesbury; Mr. Storey, Spalding; Dr. Pitt, London; Mr. J. Macrae, Windermere; Mr. R. Crosby, Salford; Mr. Fennell, Carlisle; Mr. Baugh, London; Mr. Baker, Dover; Mr. Cole, Singleton; Mr. Blainey, Shrewsbury; Mr. Churton, Derby; Mr. Hooper, Aldershot; Dr. Patterson, Oldham; Mr. Lee, Birmingham; Mr. Crawshay, Hallaton; Dr. Reed, London; Dr. Wallace, Stirling; Mr. L. Tait, Birmingham; Mr. H. G. B. Harris, Wimbledon; Mr. Webster, Nottingham; Dr. Forster, Daventry; Dr. Gairdner, Glasgow; Dr. Vacher, Paris; Mr. Hamilton, Alford; Dr. Hunter, Bath; Mr. J. R. Bosworth, Sutton; Mr. Connell, Rotherhithe; Mr. Bagnall, Norwood; Mr. Hood, London; Messrs. Mappin and Webb, London; Mr. Salmon, London; Dr. Collins, Leamington; Mr. J. Williamson, Anglesey; Mr. J. Merridew, Woodford; Dr. Aubin, St. Helier's; Mr. Robins, Brading; Mr. Thomas, Barnsley; Mr. Cranford, Coldstream; Mr. Edwards, Harwich; Mr. Hawkes, Easton; Mr. Read, Ilminster; Mr. Bennett, West Bromwich; Mr. Mills, Carnarvon; Mr. Daws, Berkhampstead; Mr. Simpkin, Exeter; Mr. Banking, Tunbridge Wells; Mr. Chambers, London; Dr. E. Walton, Chippenham; Dr. Duncan, Edinburgh; Mr. Mann, Chelsea; Mr. T. Blackett, Warlingham; Mr. Lowndes, Walker-on-Tyne; M.R.C.P.; Medicus; Alpha; A. W.; An Ozonian and Old Epsomian; An Old Boatsman; P. Q.; A Member of the Isleworth Reading Room; Red Jacket; R.N.; Inquirer; R. S. P. T.; The Medical Officers of St. Mary's Hospital School; A Provincial Member of the British Medical Association; P. M., St. Andrews; A. H. C.; Common Sense; The House-Surgeon of the Windsor Infirmary; H. W.; A Horrified Member; &c. &c.

Northampton Herald, Public Health, Middlesex Mercury, Sussex Daily News, Indian Medical Gazette, New York Daily Tribune, Fife News, Jewish World, and *Warrington Guardian* have been received.

METEOROLOGICAL READINGS

(Taken by Stewart's Instruments).

THE LANCET OFFICE, JULY 3RD, 1873.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Wet Bulb.	Dry Bulb	Solar Radia. in Vacuo	Max. Temp. Shade	Min. Temp.	Rain-fall.	Remarks at 8 A.M.
June 27	30·20	N.W.	60	65	112	79	57	...	Fine
" 28	30·15	W.	57	61	113	80	59	0·60	Overcast
" 30	29·81	N.W.	58	60	69	63	57	0·25	Rain
July 1	30·02	N.W.	58	61	100	74	56	...	Overcast
" 2	30·11	W.	59	64	110	75	58	...	Fine
" 3	30·04	N.W.	59	62	116	76	59	...	Overcast

Medical Diary of the Week.

Monday, July 7.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—2 P.M. General Monthly Meeting.
ST. PETER'S HOSPITAL. — 3 P.M. Expected Operations: Lithotomy and two cases of Lithotrity.

Tuesday, July 8.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.

Wednesday, July 9.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.
CANCER HOSPITAL.—Operations, 3 P.M.

Thursday, July 10.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Friday, July 11.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
QUEKETT MICROSCOPICAL CLUB.—8 P.M.

Saturday, July 12.

HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 9 A.M. and 2 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

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Advertisements (to ensure insertion the same week) should be delivered at the Office not later than Wednesday; those from the country must be accompanied by a remittance.